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Families and Children in Urban Redevelopment

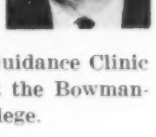
FATHER AND SON beginning the day together. When both parents have jobs it is sometimes more convenient for the father to drop the child off at a day care center than for the mother. What a mother's sharing of her child care responsibility may mean to herself and her child is discussed on pages 213–218.

For the past 10 years Jane Dale has lived and worked in Boston's West End as director of the more than 60-year-old Elizabeth Peabody Settlement House. Familiar to Bostonians far beyond the neighborhood because of its little theater—an outgrowth of a drama club formed to keep boys out of trouble—the agency's 45-year-old building was demolished last year. Before joining the settlement's staff Miss Dale was with the National Board of the YWCA, working for the USO in New Mexico, Texas, and Maryland.

Principal designer of the demonstration project he describes, James G. Banks joined the staff of the District of Columbia Redevelopment Land Agency in 1951 as chief of the relocation section. Previously he was for 5 years with the National Capital Housing Authority, successively as interviewer, tenant counselor, and supervisor of tenant selection. A graduate of Howard University, he has a master's degree in sociology from the University of Pittsburgh, and has attended the school of social work at Howard.

Besides directing the Philadelphia Child Guidance Clinic, John A. Rose serves as psychiatrist in chief at Children's Hospital in Philadelphia and as associate professor of psychiatry in pediatrics at the University of Pennsylvania. He joined the clinic as a staff member in 1946 after 4 years of wartime service with the U.S. Navy. Previously he was director of the Winston-Salem Child Guidance Clinic and head of the department of psychiatry at the Bowman-Gray School of Medicine, Wake Forest College.

Before joining the faculty of the University of California, Seymour M. Lipset was associate professor of sociology at Columbia University, from which he had obtained his doctorate. In a forthcoming volume, "Political Man," to be published by Doubleday in 1960, he elaborates on some of the themes presented in his article in this issue. He is also author of "Social Mobility in Industrial Society," published by the University of California Press in 1959.



Before World War II, Helen L. Beck taught nursery school in Vienna, Austria, and studied under Anna Freud, August Aichhorn, and others at the Vienna Psychoanalytical Institute. After coming to this country in 1940, she taught nursery school for a while before turning to a social work career. Since receiving a master's degree in social work at Bryn Mawr College in 1946, she has held various social work positions in the family service and mental health fields.

◀ *the authors*

FAMILIES AND CHILDREN IN URBAN REDEVELOPMENT

I. A View from a Settlement House

JANE DALE
Head Worker, Elizabeth Peabody House, Boston

THE POSSIBILITY that half of the West End of Boston would be razed as a part of the federally sponsored urban redevelopment program had been talked about for 10 years. There was considerable newspaper and other publicity in the months preceding actual landtaking, as well as educational efforts by local schools, churches, and social agencies. Despite this, landtaking notices received in April 1958, triggered a crisis in the lives of most of the people in the area.

With the area's 2,800 families now relocated, the Elizabeth Peabody Settlement House has tried to assess this neighborhood crisis—with particular reference to its role—in the hopes that some useful knowledge may be gained which might be utilized in future urban renewal projects throughout the United States. With its goals of strengthening family life and helping in the growth of healthy neighborhoods, the agency fully supported the idea of redevelopment and had been planning with other agencies in the area to help the families meet their problems of relocation. However, it now has the advantage of hindsight in seeing how and where earlier preparation for redevelopment on the part of all the agencies in the community working together might have helped to ease a very difficult situation.

Redevelopment of as large a residential area as the West End was a relatively new, untried effort in 1958—even for the professional government personnel involved. It certainly was a complete unknown for the Boston community as a whole, for West End residents, and for West End social agencies and institutions.

Under the law through which the city had obtained Federal funds for redeveloping the area, the 2,800 families had to be relocated in safe, decent, and sanitary buildings. Each family could be offered up to $100 for moving expenses and any assistance the site relocation office could provide. Thus, the lawmakers broadly recognized that individual problems would be posed by relocation and took steps toward their solution by providing for a site relocation office. However, what is now obvious is that the assistance which must be provided to the families of any area to be cleared must come in large part from the resources of the community as a whole, working with the relocation staff. The assistance needed is too great, too varied, and too specialized to permit solutions by any one staff.

The neighborhood crisis, which spanned the period from landtaking until actual relocation of all 2,800 families in the area, developed from the very obvious conflict between the inevitable relocation of the West End families and their strong reluctance to move elsewhere. While the West End was considered by the experts to be one of Boston's worst residential areas, it was believed by its residents to be a most desirable place in which to live.

Although the difficulties of inadequate housing, tenement buildings, dirt, disease, and lack of recreational space caused tensions and strains in the lives of West End residents, the West End held charm

and for many people represented security. The stability of longtime residence, the nearness of parks and pools, the familiarity bred of close living conditions, the richness of many cultures—Jewish, Polish, Irish, Albanian, Ukranian—were some of the more pleasurable aspects of its life which served to draw the people closely together. Within walking distance of the people's homes were informal cultural groups, work, churches and synagogues, nationality food stores, and a variety of social agencies. A great many West Enders valued the social environment of this "slum area."

Some Problems

Although relocation in fact became the turning point for some West End families in the improvement of their lives, for others it intensified many existing problems which, unless resolved, would exact a toll from both the individuals concerned and the new communities to which they have moved.

In the West End, the Boston Redevelopment Authority assumed ownership of all property at the the time of landtaking for payments of $1. As of the date of landtaking, rents had to be paid to the authority until the building was vacated. At a later date, assessors determined the further amounts which the authority was willing to pay for the property taken. If the former owner thought this price too low, he appealed and requested a higher figure, but an appeal meant further delay—in many cases more than a year. While in some cases of hardship former landowners were not required to pay rent until they were paid for their property, this was not a publicly stated policy.

Among those hardest hit economically were residents who had their own apartments or stores in a building which also provided them with rental income. Not only did this income stop with the landtaking, but suddenly they had to pay for the space which they used in the building. In the case of the small retailer, an added problem was a drastically diminishing market for his goods or services as the West End was vacated. When payment for their property was not forthcoming, these small businessmen could not afford to move elsewhere. Such problems generated considerable hostility.

Another group seriously affected by relocation, and hence resentful, was the marginal wage earners who had been able to "squeak by" in the West End during periods of unemployment because of extremely low rents (some families had been paying only $12 a month for a three-room apartment). Other West End families had been planning for relocation by gradually accumulating savings over the years which would permit them to achieve a specific goal. Unfortunately, landtaking came for many of these long before sufficient savings had been accumulated, so that they had to revise the plans they had formulated and worked for over several years.

Confusion and misunderstanding regarding the role of the relocation office persisted among many of the residents.

The morale of almost all families was affected by being socially uprooted from an area with which they had had strong ties. Those who were not the first to go were further depressed by living in crumbling and deserted neighborhoods.

Although most families functioned very well during this trying period and planned and executed their moves with little or no outside help, the families who did not or who had special problems required a disproportionate amount of the relocation office's time. Many families made no plans to move and when the wrecking company was ready to start on their building, they had to be temporarily relocated elsewhere in the West End, thus merely postponing the problem. Sometimes the alternative to temporary relocation within the West End was a poorly planned, hasty move, likely to be productive of later problems.

A street in the West End of Boston before demolition of the neighborhood to make way for the area's redevelopment.

Regard for property almost disappeared in the West End during the relocation period. Destruction and demolition became a favorite game among the children, and neither parents nor authorities seemed concerned. Vandalism and truancy among teenagers became common. The adolescents seemed to be acting out all the insecurities and antagonisms that their parents were feeling. Since much of this behavior was not effectively checked, these problems will undoubtedly be inherited by the communities to which these teenagers move.

There seemed to be a general abnegation of parental responsibilities during the relocation period. Many parents seemed to feel that their children's school and behavior problems were relatively unimportant in comparison to their own problems of moving. While these parents may try to reassert their influence after a move is made, this period of "not caring" may create some permanent problems in the families and in their new communities.

Community Organization

In spite of these problems, the West End was perhaps more fortunate than many areas may find themselves in facing redevelopment. First, as has been mentioned, the area had for years been served by many social agencies and churches. This meant excellent knowledge of much of the community, as well as established lines of communication which could be utilized in the interest of relocation. These groups had for years been associated with each other in the West End Neighborhood Council, which meant that the agencies had considerable knowledge of each other's work and that their staff members knew each other well. This readymade basis for cooperation and community organization compensated a great deal for the agencies' general lack of experience in the problems of relocation.

During the 10 years leading up to actual landtaking in April 1958, the neighborhood council was very much concerned with the approaching redevelopment of the area. Over these years, considerable rapport was established between the council and key persons in the Boston Housing Authority and later the Boston Redevelopment Authority, the agencies successively responsible for redevelopment of the West End. The council stressed the need for clarity regarding definite plans for the West End's future. The redevelopment representatives on the other hand informed the council members of the exact nature of redevelopment and the timing of its various phases. This early relationship between community agencies and the redevelopment authority provided a two-way line of communication between those responsible for redevelopment and the community itself, which could be used in efforts to prevent or minimize confusion, doubt, and distrust within the neighborhood. It also provided the redevelopment authority with a community group on which it could call when problems of actual relocation demanded active working groups of West End agencies and individuals.

At one point before landtaking, arrangements were made through the neighborhood council for the West Enders to take a trip to one of the city's public housing projects, in order to show residents an alternative to living in the West End. More of this kind of activity would probably have been worth while at that early date, although at the time it seemed somewhat premature. As it turned out, although most West Enders were eligible for public housing, few moved into such projects. They evidently regarded proximity to persons of their own culture and to nationality food stores as more important than better housing at a lower rent.

Some time before landtaking a large open meeting was held at the Elizabeth Peabody House at which the redevelopment authority spoke of plans for the West End. However, subsequent smaller meetings with leaders both well informed and capable of handling discussion proved more effective in gaining citizen participation and understanding. More of this kind of activity might have helped lessen later problems.

Neighborhood Committees

Four months before landtaking, the neighborhood council with staff service from the United Community Services established two committees from the West End to work with the relocation office:

1. An interpretation committee composed of lay leaders of the various West End social and church groups. This was charged with communicating facts about relocation from the relocation office to the community and with explaining some of the neighborhood's concerns to the office staff.

2. A case committee, composed of staff members of the neighborhood's social agencies. This was charged with interpreting the agencies' services to the relocation staff and with referring to the appropriate agencies families found by relocation staff to be in need of help.

These committees were staffed by a social worker

provided by the United Community Services, who had to spend considerable time—as did staff of the Elizabeth Peabody House—in gaining the confidence of the indigenous leaders in the interpretation committee and in helping them function as committee members.

The work of an interpretation committee could be the key to a successful relocation program. The effectiveness of the West End interpretation committee in what it undertook only emphasizes in retrospect how little it was used in relation to its potential. Clearly, the committee should have been established very much earlier and should have included, as well as leaders of church groups, local business leaders, politicians, and representatives of the various social agencies.

The case committee helped to bring about the establishment of the position of a caseworker on the relocation staff to be paid for by the Federal Government; but unfortunately, it was impossible to fill this position in the West End until most families had been relocated.

Settlement House Program

During the relocation period the neighborhood council provided a meeting ground for arranging cessation of the agencies' services in the area. The various agencies were thereby aware of what services were to be terminated and when. The Elizabeth Peabody House's program in the last year was largely determined by an effort to offer services that no other agency was offering. Some of its services and those of other agencies were transferred to agencies on the outside fringe of the redevelopment area to ease the effects of the West End agencies' departure for families who, although living outside the area, had been served by West End agencies for many years.

The program of the Elizabeth Peabody House in this period actually evolved as new needs and mistakes became evident. Moving in the West End from a 10-story to a smaller building, we were forced to reduce our services to the neighborhood to include only activities that might help the families in meeting their relocation problems. While a sociologist advised us to spend all our time trying to follow our 1,000 members and help them assimilate into their new community life, we felt that we must also continue to provide services to families who had not yet moved. Since we had neither the funds nor the staff to do both, we persuaded the State Youth Service Board to assign a community worker to the House to help teenagers as they moved to new communities to find and participate in whatever constructive activities the new neighborhood had to offer.

Flexible Service

Our West End program necessarily had to be flexible. Through trial and error we learned that the remaining teenagers most needed a place to congregate as their familiar meeting places were torn down and some preparation for new experiences. Therefore we continued to offer them friendship clubs and increased the number of teenage lounges (informal, supervised social evenings) to two a week. Joint programs with other agencies and the transfer of some groups, such as Scouts, to nearby out-of-neighborhood agencies helped ease the burden.

We found that leadership of teenage groups during the demolition period needed to be both consistent and of the highest caliber. Leaders were sought out who through acceptance, understanding, interest, and helpfulness had established positive relationships with teenagers under normal conditions. They encouraged the teenagers to plan programs that might aid in their transition to new neighborhoods, such as trips to youth-serving agencies, visits to members no longer living in the neighborhood, joint social activities with members of other agencies, and increased use of community resources accessible to members of the larger community.

To our surprise we found that the best service we could give to some teenagers was to separate them gradually from our service, for our programs were drawing back to the West End teenagers who had already moved out but who were finding it difficult to assimilate in their new neighborhood. For these and others we kept on display a large map of Greater Boston on which were pin-pointed the Red Feather youth agencies and recreation centers of the Catholic Youth Organization as well as the new locations of former Peabody House members. In some instances we tried to interest school officials and pertinent agencies in areas of resettlement in former West Enders whose continued presence and disturbing behavior in the West End seemed to point to poor adjustment to their new neighborhoods.

We were also surprised to find that the women still in the neighborhood did not want to come to meetings to discuss their relocation problems. What they did want, and therefore what we offered them, was an opportunity to drop in for an informal evening of crafts and a cup of coffee. In this relaxed atmosphere they would often bring up their prob-

lems, thus enabling our staff to keep in touch with the neighborhood situation and to identify areas where help might be offered.

We also invited parents to meetings with a United Community Services information staff member to let them know of resources in new communities. We held reunions inviting remaining West Enders to meet with old neighbors who had made successful moves, and took groups to housing projects and to communities to which old neighbors had moved.

For the younger children we provided group activities such as games, arts and crafts, or dramatics, to give them some sense of security as the buildings were torn down around them and their parents became more distracted.

Our detached workers helped many families and the relocation office in times of particular crisis. This sometimes meant acting only as a referral and information center, but often it meant helping a family move at the time when their building was slated for immediate destruction. Our workers did not relocate the families, in such instances, but helped to identify their problems and to interpret these to the relocation staff. At the same time we helped the family members face the fact that it was impossible for them to continue to live as in the past and tried to make them see that the relocation staff was there to assist them with their problems of moving.

Lessons Learned

Other agencies serving the neighborhood also worked closely with the relocation staff and in many instances revamped their programs to meet the special needs of the relocation period. Families receiving public assistance under the Aid to Dependent Children program were relocated early as it was not a suitable neighborhood for children. Representatives of the family health program at Massachusetts General Hospital and of the Visiting Nurse Association pointed out their patients' special housing needs to the relocation staff. The Girl Scouts and Boy Scouts referred members who were moving to troops in the new neighborhoods. The Campfire Girls continued their West End day camp and opened it to West End girls who were not members. The State placed three recreation workers in its park at the edge of the neighborhood, since there was no play area for children in the disappearing neighborhood. Child protective agencies provided service in cases of child neglect uncovered during this period.

Considering the lack of experience of almost everyone concerned with the relocation of families in the West End, as well as the newness of urban renewal nationally, we feel that generally performance in the West End was of an extremely high caliber. Despite this it is obvious to us now that there are areas of activity that could have been improved.

First, we believe that almost every kind of assistance rendered West End residents would have been more effective had it been initiated earlier and been more comprehensive. Probably the strongest obstacle to providing such help was time. Too often a problem—either an individual or a general one—was identified either after damage had been done or after the point had passed at which there was time to solve it.

Since a door-to-door initial survey is made of an area by the redevelopment authority some months before landtaking, many problem families could probably be identified at that time by the addition of some questions designed for this purpose. This would permit the agencies concerned to plan an effective program in advance of landtaking.

Secondly, interpretation of redevelopment cannot be too thorough if the kind of environment is to be created that will permit effective assistance. The support of a community's indigenous leaders is vital.

Thirdly, attempts must be made to bridge the gap

Teenagers climbing on the rubble beside the old home of Boston's Elizabeth Peabody Settlement House as the demolition stage of the West End renewal project proceeds.

between those that can give assistance and the following two groups of residents:

1. Families who have had no contact with the agencies, who are unfamiliar with the assistance that is available, and whose problems are brought to the surface by relocation. This group can probably be very effectively helped by a caseworker on the relocation staff.

2. The chronic-problem families whom many agencies assume they have neither the money nor the staff to serve. Urban renewal offers a chance to make valuable research contributions to both a specific community situation and a general problem presently challenging the whole field of social work.

Next, much more can and should be done to aid in the assimilation of relocated families into their new environments.

Lastly, the West End experience has demonstrated how important it is for the social agencies in an area to be redeveloped to attempt in advance to project the needs of the community during relocation and plan their programs in accordance with these needs, even, if necessary, at the expense of their previous patterns of service. Since such projections are not easy, flexibility in programing will be necessary to achieve greatest service to the neighborhood.

In summary, the West End experience indicates that three kinds of assistance must be provided to residents of a redevelopment area: (1) help in accepting the inevitability of their move; (2) information and aid in actually getting themselves moved to a suitable new community; (3) help in making an adjustment to their new location. Obviously, the relationship between the Government relocation office and the community's agencies and institutions in providing this assistance will depend on the number and character of the agencies and institutions directly concerned with the redevelopment area. The job to be done remains the same, however, and whatever resources the community has must be organized to give this help.

II. A Demonstration of Services

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THE IMPACT of urban renewal upon the social processes within our cities is slowly gaining attention. The displacement of families from their old neighborhoods has brought to the fore social problems which have made many communities realize that the provision of decent housing does not alone remedy the social and physical conditions we call slums.

In Washington, D.C., a demonstration project is being conducted which will focus the city's attention upon the services which must accompany decent, safe, and sanitary housing if the elimination of slums is to be lastingly effective.

Washington began its urban renewal program with the displacement of 1,300 families from a 100-acre site known as Project Area B, just south of the Capitol. The families—predominantly Negro—had an average annual income of less than $2,000 and lived in the worst housing in the city. Seventy-five percent of the dwellings were without inside running water, more than 50 percent were without gas and electricity, and more than 75 percent were considered dilapidated according to the appraisal technique of the American Public Health Association. The area had a high incidence of crime and health problems.

The District of Columbia Redevelopment Land Agency's relocation staff was located within this area to assist families in finding decent, safe, and sanitary dwellings. The redevelopment agency recognized from the beginning that in the course of relocating families social and health problems would arise which would require solution if relocation were

to be effective. To meet this need, the agency called together representatives of most of the city's social and health agencies to form an advisory committee. The committee was helpful in advising on specific types of problems such as methods of referral for service, and individual agencies were most cooperative in assisting some families. However, though the relocation of all the families from this area was satisfactorily accomplished, the social welfare needs of all of them were obviously not met. Moreover, it became clear that unless the community's welfare agencies fully recognized their responsibility in the total redevelopment program and unless there was some realignment of social services, many advantages of urban renewal would be nullified.

Upon completion of the relocation of the families from Project Area B, the Washington Urban League assembled a group of interested agency representatives to study reasons for the lack of coordination and the frequent lack of cooperation among the city's social and health agencies. After participating in this study for nearly a year, the redevelopment agency proposed a special project to demonstrate procedures and methods which might be used to coordinate social and health services to meet the individual needs of the thousands of families scheduled to be displaced from their homes.

The redevelopment agency secured the assistance of the staff of the Health and Welfare Council of the National Capital Area in developing a comprehensive plan to obtain the cooperation of all of the city's social and health services to help the displaced families.

This proposal was submitted by the redevelopment agency to the demonstration branch of the Urban Renewal Administration of the Housing and Home Finance Agency, with a request for demonstration funds available through the Housing Act of 1954.[1] The Urban Renewal Administration approved the application and authorized a budget of $248,830, of which $165,796 is being made available by the Administration and $83,034 from local resources in the form of services provided by social and health agencies and cash from a foundation. As a result a demonstration is now being carried on in the Southwest Urban Renewal Project C, conducted by the Health and Welfare Council of the National Capital Area under contract with the redevelopment agency.

The basic aims of this demonstration project are:

1. To develop educational and community organization methods to assist families in (*a*) making wise housing choices and (*b*) adjusting to their new neighborhoods.

2. To demonstrate the kinds of social and health services which must be provided in order to reduce the likelihood that slum habits among displaced families will continue in new and better neighborhoods.

The staff recruited by the health and welfare council to conduct the demonstration consists of the following: director, casework supervisor, three caseworkers, two community organization workers, statistician, administrative assistant, receptionist-typist, and two stenographers.

The project includes three types of activities: community education; community organizations; and casework services. While considerable interplay takes place among them, each has its special emphasis and goals.

The program began with a comprehensive survey of all families within the project area, data from which were used in establishing approaches for offering services to families. Special attention was given to the social and personal problems of the residents and to the types of services they were receiving. The survey revealed that while most families had some understanding of what urban renewal was about, few seemed to relate the overall purpose of the program to their own plight. Many had so intertwined fact with rumor that they were thoroughly confused.

Community Education

In the summer of 1958 a series of small meeting of area residents began with the purpose of bringing simple yet complete explanations of each phase of the urban renewal program to the families. These orientation meetings provide individual counsel to families in planning their moves and offer an opportunity for free discussion of personal problems and attitudes connected with the program. Each meeting is restricted to not more than 30 persons. After informal presentation of information by personnel from appropriate city agencies, the residents form smaller discussion groups from which come questions which are frankly answered when the entire group is reassembled.

Special efforts are made to assure participation in the educational program by residents from all parts of the project area, representing all strata of the

Left, four children and the alley dwelling home from which they had to be relocated before it was torn down in the redevelopment of Washington's Southwest area. *Right,* a member of a relocated family admires the plumbing in her new home. Many families who moved from the now demolished Southwest slum areas today have indoor bathrooms for the first time.

population. The names and addresses of all participating residents are carefully recorded and mapped. Recruitment is accomplished by use of flyers, personal interviews, and referrals from organizations within the area such as churches, parent-teacher associations, the two settlement houses remaining in the area, and a health center operated by the District of Columbia Department of Public Health. A third settlement house closed soon after the redevelopment program began.

Out of the orientation discussions grew an awareness of the need for special discussion groups concerned with the specific problems of different members of a family. Thus the home buyers' group, the mothers' group, and the teenagers' group were formed.

Each of the groups has held regular meetings to discuss their participants' particular problems related to urban renewal. For instance, the teenagers' group has had discussions of personal hygiene, while the mothers' group has been concerned with learning about the mechanics of school transfer and the like.

Home Care Demonstrations

The orientation discussions also focused attention on the obvious need for special education programs to help families unfamiliar with basic housekeeping and home planning methods. With the cooperation of the adult education division of the District of Columbia public schools, a special education program for displacees, called the Home and Family Living Series, was inaugurated last January. The first series has offered courses in family clothing, personal and family health, family foods, and do-it-yourself methods.

In these courses a reporting form is furnished instructors, who make recommendations and weekly notations of the participants' reactions and suggestions. Each course is geared to the needs of families of limited income. The do-it-yourself course helps the residents to make or restore home furnishings and equipment. The family food course emphasizes the best use of surplus foods and low-cost groceries. Registration for all courses has consistently increased since the beginning.

Community Organization

An integral part of the community organization service is the program for the neighborhoods to which large numbers of displacees move. For example, the project has placed community organizers in two public housing developments to be responsible for developing and encouraging programs in the surrounding community and to help the newcomers be-

come acquainted with and adjust to their new neighborhoods. A similar program is under way in a neighborhood of private homes.

The efforts of the community organization workers are directed toward the involvement of existing neighborhood agencies so that when the project is completed the programs will continue. They familiarize themselves with existing programs and organizations in the communities, and through personal interviews or printed matter encourage new residents to participate. Leaders of indigenous neighborhood groups are encouraged to reach out to the new residents to help them to feel a part of the community.

Numerous public and private agencies are participating in this neighborhood work, including the city recreation department, civic associations, the Saint Vincent De Paul Society, the Salvation Army, and settlement houses. For example, one civic organization, which at first strongly objected to the construction of a public housing development in its neighborhood, after the new housing was occupied helped the project worker to secure additional recreational and other needed services for the neighborhood.

The community organizers in public housing developments work closely with the housing managers and have the use of apartments in the developments for demonstrating good housekeeping techniques. Most of the furnishings, including some of the furniture for the demonstration apartments, have been made by displacees working in the Home and Family Living Series. Other furnishings have been lent by the Saint Vincent De Paul Society, the Goodwill Industries, and the Salvation Army. A sewing machine company has lent machines for use in sewing classes.

Health Education

Because some residents of the project area seemed to be misinformed or hesitant about the use of the health facilities of the city and the neighborhood, a portion of the local contribution toward the project's budget is the full-time service of a public health nurse of the District of Columbia Department of Public Health. Working under the supervision of the project director, she instructs residents in how to use the city's health services, and assists them in making appointments.

The nurse also gives instructions in prenatal care, nutrition, accident prevention, sex hygiene for adults, care of the sick in the home, and babysitting. She leads small groups of not more than 12 persons, demonstrating how to take care of infants and bedridden patients. In one class a mother of 10 children, who after giving an awkward demonstration of how she bathed her baby, said that she had never been taught the basic essentials of child care. A similar lack of elementary child care techniques among many of the families in the area is accompanied by an eagerness to learn, which has been a constant source of encouragement to the staff.

A special class in babysitting techniques has been introduced to help youngsters who care for their younger brothers and sisters during their parents' absence from home and for those who wish to make extra money caring for their neighbors' children. Recruitment for this course, made through school principals and publicity flyers, was extremely successful.

Casework Service

One of the major phases of the project is its casework service to a selected group of demonstration families. Acting mainly as a catalyst in the casework area, the project's caseworkers devote most of their efforts to thorough investigations of families' needs, aggressive efforts to get families to seek help with their problems from the appropriate community agencies, and coordination of casework planning for individual families. Counseling is offered by the project staff where appropriate services are not available from existing agencies.

In one instance caseworkers from the public welfare agency's child welfare division and public assistance division and from a local hospital were invited to meet with the project's casework supervisor and a representative of the redevelopment agency to discuss the situation of a family including eight children whose parents were regarded as mentally retarded. Five of the children had been removed to an institution for the mentally retarded, the family had no steady income, and the redevelopment agency had not been able to help the family plan its move. As a result of the conference, arrangements were made to reevaluate the mental condition of the parents and the children. The reevaluation showed the mother's intelligence as almost normal and the father as capable of unskilled, supervised employment. The child welfare division investigated the possibility of returning some of the children to the family and providing continued casework help. The father was helped to obtain a job as a carwasher, and the public assistance division supplemented this income. Through these combined

efforts, the parents were helped to achieve more confidence in themselves, and this was reflected in improvement of the quality of their child care. Plans are now being made to place the family in a public housing development, and to return some of their absent children to them.

The casework services are begun while the families are still living in the redevelopment area. When the families move away, the caseworkers continue coordinative and counseling services in the new location. The plan of the casework service is to provide a minimum of 6 months of service to the families in their new homes if continued service is necessary.

There is constant interplay between the community organization, education, and casework services. Caseworkers refer persons exhibiting need for special training or group activities to the community organization and education workers, who involve them in appropriate training or group activities. The workers consult one another regularly on the families' progress.

Included among the project's caseworkers, and counted as a part of the local contribution toward the budget, are two caseworkers from the public assistance division of the District of Columbia Department of Public Welfare. These workers are supervised within the project, and their work is geared to the project program.

Evaluation

The evaluation goals and methods were built into the program from the beginning. Two social research specialists, one statistician, and a social research firm were employed to map out a program that would test the efficacy of the community organization, education, and casework efforts.

Names and addresses of all participants in the various aspects of the demonstration are recorded to enable the personnel to see that persons from all sections of the project are included, and to permit cross-references between the three phases of the demonstration. Expressed attitudes of participants in community organization and education programs are also carefully recorded to permit evaluation of their growth and change. A nonparticipating observer, invited to each meeting, renders a written report of his impressions of the meetings' contents and the participants' responses.

In order to determine the effectiveness of the coordinated approach to casework, a group of 200 families, called demonstration families, representing a cross section of area residents, was selected to receive the special services. Another group of 200 families with similar characteristics was selected as the control group. Each group includes approximately 485 children. Families falling within the control group receive no assistance from the demonstration staff. If such families request help they are referred to an appropriate community agency.

The original survey established the needs and conditions of all area families. A final survey especially designed to measure social movement among families will be carried out when the demonstration services are concluded. Comparison of changes occurring within the demonstration families and those in the control group will be made to determine the effectiveness of the coordinated casework approach. The changes to be noted will include changes in children's school progress, regularity of parents' employment, participation in civic activities, and frequency of contacts with law enforcement agencies.

This project is prompted by the resolute belief that the talents of slum dwellers and their potential contributions to the community can be realized only through coordinated efforts of all of the city's resources. It has been designed to encourage among the people it serves the development of more self-esteem and a willingness to venture out to accept the opportunities and responsibilities in their new homes and neighborhoods.

[1] Public Law 560, 83d Cong., August 2, 1954 (Ch. 649, 68 Stat. 590).

We may either smother the divine fire of youth or we may feed it. We may either stand stupidly staring as it sinks into a murky fire of crime and flares into the intermittent blaze of folly or we may tend it into a lambent flame with power to make clean and bright our dingy city streets.

Jane Addams in The Spirit of Youth and the City Streets, *MacMillan Co., 1909.*

CHILD DEVELOPMENT AND THE PART-TIME MOTHER

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IT IS STILL widely assumed that damage to child development is the inevitable result when the mother is employed. However, research findings and clinical experience both indicate that there is no simple cause-effect relationship between the two factors of maternal employment and developmental damage. In fact, in many situations maternal employment and deviate development in the child may have common causes. In others more damage might occur to the child if the mother were not employed. True, a mother's need to be employed introduces complications into the mothering process and hence, into the process of child development, but these are not necessarily unfortunate and they are by no means confined to the problem of the working mother.

In our culture we tend to be doctrinaire about the needs of women and children without allowing for exceptions. While there is wide, though far from unanimous, acceptance today that a woman can have both a domestic and a working career, there is less acceptance of the idea that the combination might be good for the development of her children.

Many women go to work out of economic necessity. Others undoubtedly seek careers as a flight from child bearing, child rearing, and other domestic roles, as a protest against their perception of the role of women in our society, or as a result of family disunity and failure. These women, however, are probably fewer than the number to whom the domestic roles bring value conflicts but who do not go out to work. They accept the popular assumption that the employment of mothers outside the home is inherently in conflict with the needs of family unity and child rearing.

Milton Senn [1] in his recent survey of child-rearing problems of working mothers in Russia concluded that there need to be no intrinsic conflict in the roles of mothers and working women since he found no destructive effects among the children involved. This does not necessarily hold true for our culture. While in our culture some families have shared child-rearing and domestic tasks with relatives and employees for many generations without excessive harm to child rearing, there is still the social expectation that nondomestic tasks *should* be less gratifying for women than child-rearing tasks, and that gratification of the former must be at the expense of the latter.

The problems arise from conflicting trends in our culture: (1) an emphasis on the value of woman as a person independent of domestic functions and (2) fewer opportunities for women to share the child-rearing role with relatives as families establish themselves in small independent units.

The conflict is abetted by the tendency of employers to make little allowance for women's child-rearing activities and by the fact that the child-rearing role has become more self-consciously exacting than in the past.

During the last half century there has been a continuous emphasis in the health, welfare, and education fields on the developmental needs of children. Foster care agencies have found that children develop best in a climate of family relationship.

Based on a paper presented at the 1959 Conference on Family Living of the Family Service of Philadelphia.

Health agencies have become increasingly aware that warm human relationships are vital to survival as well as to the qualitative aspects of character development. Social legislation has made it possible to maintain family integrity under circumstances which formerly would have forced a child into foster care. Thus a consistent social preference for situations which would strengthen the unity of the family and foster closer relationships between mother and child has been enhanced. At the same time pediatricians and others engaged in parent education have been advising parents to have greater intimacy with, and investment in, their child.

These emphases seem to have increased the sense of personal responsibility in mothers (and fathers) for the development of their children in a healthy and *socially approved* way. The effect seems to have been to bind women more closely to their children and at the same time to complicate the basis for getting gratification from their children. Thus today many mothers seem uncertain of their capacity for nurturing their children constructively, but do not feel free to seek gratification in other areas.

Uncertain Mothers

This problem of the feminine role may be the basis for the increase in the number of severely disturbed children coming to the attention of child guidance clinics today. A woman's own experience in being reared may have left her with fears that mothering is an unrewarding task. From this experience, or from her family's attitudes toward females, she may be uncertain as to whether she wishes to carry out the mothering role. She may, of course, also have more complicated neurotic fears about the feminine role.

Moreover in some instances the situation may be loaded with negative factors. For instance, early illness or defect in an infant may increase the burdens and decrease the rewards of mothering. Then, too, as Calvin Settlage [2] has remarked in his presentation of the problems of limit setting in child rearing, people in a state of social mobility and changing values are highly uncertain as to what to expect in child behavior and performance.

Uncertainty, ambivalence, and doubt can often be resolved by experience. But unfortunately uncertainty and ambivalence in maternal attitudes and feelings are manifested in tensions which are communicated to the child. Disturbances in children emerge as a consequence of this process and these tend to increase parental uncertainties. Once initiated, this vicious circle tends to be aggravated by closeness and relieved by various amounts of separation.

Such circular patterns of disturbance are less likely to occur when the mother has other areas of striving from which to gain status and through which to relieve the feelings of inadequacy evoked by the child. Circumstances which tend to decrease the opportunity for emotional and social experience outside the child-rearing task tend to increase the degree of inner conflict in uncertain mothers and so to worsen the prognosis. Conversely, opportunities to share the care of the child with another person tend to decrease the vicious circle of disturbance and tension.

There are many ways in which mothers can gain some separation from the child. Some are obviously in flight from disturbance and will be considerably guilt laden. Others can bring the mother both perspective and status.

The request of a mother for psychiatric or casework help for herself, her child, or other members of her family is usually an indication that she is searching for a more satisfying life for herself. This bodes well for success if she does not lose status in the process.

The decision about whether or not a mother needs to work outside the home should not be made on a purely economic basis, any more than should the decision in the placement of a child. The emotional factors should be the decisive ones.

There are many mothers who come to understand from symptoms in their child that they must do something about finding satisfactions beyond the child. There are others who understand from their experience in neonatal care that their future ability to give good care will depend on their following other interests or on going to work. For healthy child development one may not ask too much return from the child without creating problems. When a mother's need for satisfaction transcends in nature or quantity the emotional return that can generally be expected from child rearing, distortion in the child's development provides a cue to the mother to seek appropriately what she needs.

Some Impediments

Unfortunately changes in family living patterns and social and medical child-rearing doctrines are apt to impede this search.

The smallness of families today affords mothers fewer positive opportunities for getting away part

of the time from the intimacy of child care. A general, if partial, solution to this problem is, of course, the babysitter. But this may involve other problems.

Recent newspaper stories of babysitters who have tried to steal babies are a reminder of the problems of motivation in substitute mothers. For the most part family arrangements with nursemaids and babysitters involve some unconscious testing of the mutuality of feelings and expectations. When disturbance exists in a family and when the mother's need to get further away from the child is rather intense, there seems to be a greater likelihood for the choice of a substitute mother with bizarre or disturbed motivation. In a way this phenomenon resembles "accident proneness," in that accidents so frequently happen to children when a harried and disturbed parent is unable to give the child adequate attention. It suggests that some of the same factors which operate to make a family's child care unsound in any way operate in their choice of a substitute mother.

In general the ground rules for substitute mothering are not too different from those of own-mothering. States of excessive need to gain gratification from child care, projection of states of deprivation on a child, intense fantasies of the need to rescue a child from his oppressors—all are likely to cause difficulty in the rearing of children. So also are resentment of children perceived as "spoiled" and strong feelings that the child should belong to the substitute mother in restitution for what she has lost in life, either through reality or neurotic mechanisms.

This means that social and health agencies should have careful checks and balances in any program using volunteers. Volunteer programs of children's hospitals stimulate not only many well-motivated women to service but also a considerable number of women more undesirably motivated. Perhaps the wish to be closer to children sometimes needs as much scrutiny as the wish to be away from them. Every public program involving day care, nursery school care, hospital care, convalescent care, and the like has a responsibility for conducting careful screening operations for insuring well balanced motivation in its substitute mothers.

Social and medical doctrines which tend to push a mother closer to her child or make her feel guilty for attempts to get away may contribute to an increase in symptomatology in both child and parent. Unfortunately mothers burdened with guilty feelings often present themselves as in need of punishment, and unfortunately, too, many professional persons are willing to oblige them in this respect. This may be temporarily relieving to the mother but it is not a process apt to produce enduring maternal satisfaction and long-range improvement in child development.

Pressures from such doctrines may be a large factor in the apparently increasing incidence of emotionally disturbed children. Professionals in health and welfare, as well as judges and public figures, sometimes lose sight of a child's developmental needs as they actually exist in his particular life situation. Thus in some instances authorities insist that parents establish a stable home for their children, when the obvious degree of disturbance in the children involved makes this unfeasible.

Sometimes social doctrines in regard to the values of family unity and child care in their own home result in the return of a child to a mother actually too sick, with much internal conflict, and too disturbed to bring anything but destruction to the child's future development. Mothers who have become mentally ill in conflict with domestic childbearing and child-rearing roles are not good candidates to resume the responsibility when their illness abates. The sanction of such arrangements by psychiatrists who have the mother as a patient suggest that there are some who would sacrifice the child to the mother's needs. The return of neglected or delinquent children to conflicted families sometimes seems to be done on a theoretical basis rather than in relation to the child's need.

Arrangements for Care

In my observation of cases seriously mentally ill mothers whose internal problems force them into continued and conflicted intimacy with their children are rare. Rather I have noted that generally a mother in trouble with child care tends, rather spontaneously, to seek solutions which are beneficial to her and to the child. I have also been impressed with the fact that mothers who need to perform in other areas are not less interested in their child's development than other mothers.

Few mothers can bear any long-term plan that is damaging to the child.

Examinations of various arrangements for sharing of child care suggest that the complications involved spring partly from (1) maternal conflict, partly from (2) the social situation in which it occurs, and partly from (3) the attitudes of the person or persons with whom care is shared.

In informal types of shared child care, a mother or sister of the mother is the other person most frequently involved. In instances in which such a plan is based purely on flight from the care of the child, such arrangements become informal placements of the child and may have a tragic result. The greatest disadvantage in informal placement lies in the tendency of such arrangements to break down suddenly without regard for the needs of the child. For instance, a grandmother who has been giving child care may find herself unable to make the necessary investment as she and the child grow older.

In some instances, an older sibling becomes the person giving care to younger ones following their mother's death. Such an arrangement invariably results in excessive sacrifice and is usually productive of longterm developmental problems in the mother surrogate and the siblings.

Split Authority

When mothers make informal arrangements for child care with members of their family problems often arise out of differences in their own and the surrogate's expectations of the child and from questions of authority.[3] Conflict may be severe when the mother's mother is the governing authority and the mother becomes in a sense a sibling of her own child. When such conflict occurs the child's loyalties may be split as when mother and father differ strongly. Obviously persons sharing the care of a child ought to agree closely about what can and cannot be expected of him at his stage of development.

The problems of authority have endless permutations. Many young mothers are thrown into severe conflict by the superior experience and adequacy of employed practical nurses. Sometimes because of her subordinate position to the mother a practical nurse will conceal her differences in opinion and feelings of rivalry. Usually when the mother surrogate feels inferior to the mother but does not agree with her, she becomes excessively permissive toward the child and fails to nurture the child's capacity for more mature performance. On the other hand, persons perceiving themselves as superior to the mother often assume authority for decreasing or increasing developmental expectations. Conflict often arises when nursery school teachers, other teachers, or nurses in a hospital bring about abrupt changes in a child's habit training or performance.

Many problems also arise when the part-time caretaker, either consciously or unconsciously, is in rivalry with the mother for the child's affections and is in a position to be very important to the child. Generally, the younger the child, the more the balance of power over him lies in the hands of the person giving the most physical care.

While mothers generally tend to have feelings of guilt for any arrangement to share child care, the mother who perceives herself as inadequate is the most guiltridden and most susceptible to conflict arising from attitudes of rivalry and superiority in the person sharing her child's care. This is a problem of some importance in regard to ill or handicapped children. In conditions requiring a considerable period of hospital or convalescent care, mothers may gradually be made to feel that they are of little use to the child and so may eventually decrease their visiting time to the vanishing point.

This factor of rivalry versus inadequacy may be an explanation for certain more serious reactions of children to separation. Some children who have previously had poor relationships with their mothers are severely disturbed by separation when rivalry evolves. Some of them tend to forget their mothers and become attached to hospital figures. In such instances, reestablishment of the relationship with the mother is difficult and stormy. In some cases the child undergoes a regressive reaction, becoming more infantile and clinging to the mother. In some cases of older children the child and mother perceive each other as unrelated and unrewarding, and permanent separation becomes necessary. When convalescent hospital care is necessary for children because the home is inadequate for meeting the dependency needs of convalescence, there is always the danger that mother and child will tend to become more emotionally separated and the child, therefore, increasingly disturbed.

Since neonatal handicap and chronic illness are related in general to increased problems in mothering, shared child care in such cases, especially when there is considerable physical separation of child and mother, is exceptionally prone to destructive problems. The physical or psychological needs of the children involved usually obscure the basic maternal conflict and the patterns of institutional care which play into that conflict.

During the next few years, the demands of parent groups for relief from the full burden of caring for handicapped children will undoubtedly result in the creation of special day care centers, special children's hospital facilities, and more State institutional beds. Some children will come into care at a point of no return to the family. Others will come at a point

when what happens to the child in care may determine whether separation will be temporary or permanent. This may well be one of the compelling crises in service to children. Programs of care which increase the existing conflict in parents are less likely to be able to return the child to his own family. Programs which are designed to share the problems of care with parents and to increase the sense of parental capacity are likely to be more beneficial to the child, the family, and the State.

Enforced Closeness

Part of a mother's ability to nurture maturity in a child is her ability to manage constructively the inevitable separating events of life, to foster the child's ability to benefit from other relationships, and to find interests and occupations for herself apart from the child-rearing task. A mother who is physically close to her child, but lacking in warmth and enthusiasm about the events of her daily life, including child care, may fail to stimulate her child to learning [4] and independence.

In young infants the excessive closeness of a mother driven by neurotic need or by deprivation in other areas of her life may result in sleep disturbances, vomiting, and diarrhea. Later, hyperactivity and learning problems may appear.

The problems arising in children from enforced or compulsive closeness are best epitomized in the school phobia. In such cases the child cannot leave the mother to attend school and, frequently, the mother cannot leave the child for minor errands, to say nothing of social engagements or work experience. Such conditions seem to have their genesis in the mother's covert wish to flee the responsibilities and binding sense of slavery in child care. This problem may be handed down from generation to generation; it has been noted that the mothers of children with school phobias have usually a history of unresolved conflict in separation from their own mothers.

In many such situations the child would be, at least, no worse off if the mother shared his care with another person in order to follow other interests. Eleanor Maccoby,[3] in a thoughtful analysis of a number of studies on the problems and attitudes of children of working mothers, concludes that the problems which arise are apt to be related to the mother's motivation for working rather than to the fact that she does work.

We are confronted, then, by the possibility that satisfying employment may enable a mother to give herself to her children more warmly and constructively than if she did not work, and that with such employment a mother has at least an equal chance as mothers who do not work of doing a satisfactory job of child rearing. A mother who is meeting more of her own needs does not place unrealistic burdens on her child. However, there is always the possibility that her feelings of guilt and inner conflict over the question of being employed will react adversely on her child's development. Still the question may be raised as to whether the harm might not be greater if she did not work.

Quite frequently the working mother must free herself from double-barreled feelings of guilt—toward her child and toward her job. In this mothers are apt to need more support from employers than they receive. In reality employers participate in the problems of part-time child care, for a mother who is in too much conflict with her child and her part-time helper will be less effective on the job. However, if the mother is in frank flight from her child care responsibilities the employer is not so likely to hear of the problem.

When a mother really cares about her responsibility for her child, the employer should recognize the essential priority of the child-rearing task. A sense of coercion toward job responsibility frequently causes excessive tension in a mother's dealing with a troubled child. Usually, this type of crisis tends to grow worse unless the mother can temporarily feel free to take as much time as she needs to deal with the difficulty at home.

Because the working mother has certain special problems it is fortunate that industry is beginning to take a look at the problem of providing the necessary elasticity for their employees who have child care responsibilities.

There are, however, sufficient adjustment problems for working mothers to make it unwise to recommend employment as a general solution to a mother's separation need. Except in cases of family economic difficulty, being relieved part of the time of the burden of child care and having diversification of interests are probably much more general needs of women than the need to be employed. A mother's feeling that child care prevents her from "doing something useful" is not identical with a need to work. When past deprivation and feelings of guilt lead a woman to feel unable to do anything except at the cost of something else, solution to the problem is difficult whether the child and mother remain together at

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home or are separated in some way from each other.

I have seen many children, placed in foster care because of the mother's ostensible need to work, who could not get along in foster care because of their mothers' guilt feelings.[5] The mothers constantly promised to bring their children back home without any real intention of doing so. They were unable to allow themselves to be close to their children but their defense against guilty feelings would not allow them to let the children have another significant relationship.

In some instances neither shared care nor work can solve the problem of disturbance. As Eleanor Maccoby says, "Clearly no single way of organizing family life is best for all. Some mothers should work while others should not." [3]

To this, I would add that no one pattern of shared care is effective in meeting problems of conflict arising from enforced closeness of mother and child. The interests of the affected parents and children will be better served when the community offers a number of types of service each corresponding to a particular type of need. A clear diagnosis of each situation involving disturbed mother-child relationships then becomes important in order to match the service and the individual need.

Special nursemaids or homemakers are unlikely to be effective in situations requiring care of extremely disturbed children. Children in need of psychiatric inpatient care do not respond well to the care of foster parents. Part-time work for the wife is seldom the entire solution to sexual and marital maladjustment. Adolescent babysitters are seldom successful in disciplining children with severe conduct disorders. A mother's efforts to find values in volunteer work will not necessarily make her clear about how to deal with her adolescent daughter.

The problems of certain families today indicate a need for more social support for the shared care of children and more balance between separation and closeness in the child-rearing task. In some families these needs will be met by helpers coming into the home. In others some form of special day care may better meet the need. In some instances shared care and maternal employment is a good solution. In many cases of parent-child distress a more enduring separation may be the best answer. It is sometimes better for a family to break up completely than for people to stay together who are becoming more and more disturbed.

Some mothers who are too close to their children and uncertain in caring for them may benefit from cooperative nursery activity where they can compare their efforts and their children with those of others. Other parents who are troubled about limits and values for adolescents may derive help by getting together in groups through which they in a sense may share the risks of child development.

The individual personality development of children proceeds more healthily when the process is determined by multiple influences as well as the central mother-child relationship.

The value of any service may be nullified if it is inappropriate or unrealistic. The widespread beliefs that family unity should be preserved at all costs or that working mothers' children are neglected and delinquent children are overgeneralizations. The solution to each problem of disturbance in children must be determined by the pattern of maternal capacity and incapacity, and by the degree and nature of difficulty in the child.

[1] Senn, Milton J. E.: How the Russians bring up their children. *McCall's*, October 1958.
[2] Settlage, Calvin F.: The values of limits in child rearing. *Children*, September–October 1958.
[3] Maccoby, Eleanor E.: Children and working mothers. *Children*, May–June 1958.
[4] Provence, Sally; Coleman, Rose W.: Environmental retardation (hospitalism) in infants living in families. *Pediatrics*, February 1957.
[5] Rose, John A.; Pollock, Jeanne C.: Psychotherapy with the foster child. *Child Welfare*, June 1949.

The important thing is not to get worried about everyday frustrations. Life is full of frustrations and there's no reason to be disturbed by this simple fact. People are probably more hurt by worrying about getting frustrated than they are by actually being frustrated and acting accordingly.

Byron Hughes, professor of child development, University of Michigan.

A sociologist compares 19th- and 20th-century life in America and finds some . . .

CONSTANT VALUES IN AMERICAN SOCIETY

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IT SEEMS to me that in many areas of American society there has been less change over the past century than many people believe.

I do not mean to imply that our society is basically static. Clearly, there have been great changes—industrialization, bureaucratization, and urbanization—which have profoundly affected other aspects of the social structure. There have been changes in work habits, leisure, personality, and family patterns. But concentration on the obvious social change in a society that has spanned a continent in a century and moved from a predominantly rural to a metropolitan culture tends to obscure what has been relatively constant and unchanging.

Two basic values, equalitarianism and achievement, are dominant in American culture, and they are now as they have been in the past expressed in various institutional structures. Though they have certain contradictory features, neither seems to be weakening. The value equalitarianism still largely determines the nature of our status system; and, in spite of dire predictions that the growth of large corporations has meant a decline of upward mobility and a consequent fall in achievement motivation, American society is still characterized by a high level of actual achievement in the population as a whole.

Equalitarianism

The feature of American life which most impressed the foreign travelers in the 19th century was the way in which Americans behaved toward each other. A summary of the writings of hundreds of British travelers in America before the Civil War reports:

> **Most prominent of the many impressions that Britons took back with them [between 1836 and 1860] was the aggressive egalitarianism of the people.[1]**

Frances Trollope, visiting in America in 1830, complained about the "coarse familiarity, untempered by any shadow of respect, which is assumed by the grossest and the lowest in their intercourse with the highest and most refined." [2]

In 1837 Harriet Martineau, a sympathizer with republican institutions, found the same phenomenon but evaluated it quite differently:

> **Nothing in American civilization struck me so forcibly and so pleasureably as the invariable respect paid to man, as man.[3]**

Similar observations were made by the two best-known foreign commentators on 19th century society, Alexis de Tocqueville [4] and James Bryce.[5]

What impressed the typically upper class European travelers in the past has also deeply affected the high status Europeans who have come to America in recent years. One observer has commented:

> **With his deep sense of class and status, integration in American society is not easy for the émigré. . . . I met several young Croatian doctors in the Los Angeles area who were earning $25,000 to $35,000 a year, but still felt *declassed*.[6]**

An eminent sociologist at one of the leading universities in the Communist world when asked at a private gathering what in America most surprised

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Condensed from a paper presented at the 1959 forum of the National Conference on Social Welfare.

him as compared with his expectations replied without hesitation: "Equality. There just is no country in Europe, Communist or capitalist, in which men treat social inferiors with as much respect, and in which inferiors show as little fear of those higher than themselves."

The strength of equalitarianism may be seen in the internal structure of many other institutions such as the family and the school. For example, reports of pre-Civil War British travelers were almost unanimous in commenting on unique patterns of the American family in terms which read like contemporary analyses:

> The independence and maturity of American children furnished another surprise for the British visitor. Children ripened early. . . . But such precocity, some visitors feared, was too often achieved at the loss of parental control. Combe claimed that discipline was lacking in the home, and children did as they pleased. . . . The child was too early his own master, agreed Mrs. Maury. No sooner could he sit at a table than he chose his own food; no sooner speak than he argued with his parents. Bad as this might be, countered Thomson, American children were still far more affectionate and respectful towards their parents than was true in British poor or middle-class families. Children were not whipped here, but treated like rational beings.[3]

Harriet Martineau's report on child rearing in Andrew Jackson's day also sounds contemporary:

> My friend observed that the only thing to be done [in child rearing] is to avoid to the utmost the exercise of authority, and to make children friends from the beginning. . . . They [the parents] do not lay aside their democratic principles in this relation, more than in others. . . . They watch and guard: they remove stumbling-blocks: they manifest approbation and disapprobation: they express wishes, but, at the same time, study the wishes of their little people: they leave as much as possible to natural retribution: they impose no opinions and they quarrel with none: in short, they exercise the tenderest friendship without presuming upon it. . . . the children of America have the advantage of the best possible early discipline; that of activity and self-dependence.[4]

What struck Harriet Martineau as progressive was interpreted differently by Anthony Trollope:

> I must protest that American babies are an unhappy race. They eat and drink just as they please; they are never punished; they are never banished, snubbed, and kept in the background as children are kept with us.[7]

Another Englishman's description of New York schools in 1833 also has a contemporary ring:

> The pupils are entirely independent of their teacher. No correction, no coercion, no manner of restraint is permitted to be used. . . . corporal punishment has almost disappeared from American day schools; and a teacher who should now have recourse to such means of enforcing instruction would meet with reprehension from the parents, and perhaps retaliation from his scholars.[5]

This emphasis on equalitarianism as a dominant feature of American values and behavior, past and present, is seemingly contradicted by the widespread existence of status differences. The American value system has never denied existing differences in rank and authority. But as Alexis de Tocqueville and others noted, Americans believe that such differences are accidental, not essential attributes of man, which it is not good taste to emphasize publicly.

Achievement

Achievement, as a dominant value, shown by Americans' efforts to improve their lot in life and by the belief that the most able should be rewarded by high position, is also strongly rooted in American society. It may, in fact, be a necessary concomitant of the stress on equality. Thus Americans as compared to Europeans are more willing to acknowledge their lowly origins. This enables the man of humble birth to regard upward mobility as an attainable goal for himself or his children; while it has fostered in existing elites the persuasion (however mistaken) that their eminence is the result of individual effort.

Though there does not seem to be more social mobility in the United States than in Western Europe, in America the modest social origins of men of prominence are given widespread publicity, while comparable backgrounds in Europe are more likely to be conveniently forgotten. A recent study of social mobility in France reports that "it is precisely among those who have experienced the greatest social mobility that reticence [in the interview] may be of the most significance."[9] Similarly, British corporation directors have been found to be less likely than American executives to report menial jobs in their career histories.[10]

But even in a completely egalitarian society, only a few can reach the top of the ladder. What is more important for the average person are his experiences with and consequent perception of more modest opportunities for social mobility: the extent to which he sees sons of manual workers and poor farmers becoming teachers, government officials, engineers, clerks, and businessmen.

The most constant source of social mobility throughout American history has been the recurrent waves of mass immigration which over the years brought the depressed strata of other lands to fill vacancies at the bottom of the social structure, thus enabling native-born Americans to rise. The early pre-Civil War foreign travelers in America were struck with the fact that "it was left to the free Negro, the Irish immigrant, and to a lesser extent

the Chinese 'coolie' (in California) to be the hewers of wood and the drawers of water." [1]

If the immigrants felt aggrieved with their position in the New World, their lot was materially better than it had been in Europe, so that they could think of their situation as an improvement even though they were at the bottom of the social ladder in this country.[11]

If mass immigration has contributed to the existence of widespread social mobility and the perpetuation of the American value system, then it may be asked why its ending after World War I did not reduce mobility, and give rise to a native American working class which would have less faith in the "promise of America." The answer probably lies in two factors: (1) the changing character of the occupational distribution, as more of the total labor force is employed in higher paid and higher status white-collar, professional, and managerial positions; (2) the replacement of immigration from Europe with migration to the industrial centers from "underdeveloped" parts of this continent—of Negroes, Puerto Ricans, Mexicans, French Canadians, and "poor whites" from the rural South.

These ethnic groups, which comprise over 20 million people, earn a disproportionately low share of the national income; they have little political power, and no social prestige. Many of them live in ethnic neighborhoods and have little social contact with native white Americans higher up on the social scale. The recent "flight" of middle-class whites from cities to suburbs is but a recent example of a longtime pattern of similar flights from areas of immigrant settlement. The only difference today is that color as well as ethnicity is involved.

As in the past, there are now two working classes in America, an upper skilled level composed largely of native white Americans, and a lower less skilled one composed largely of Negroes, Mexicans, and Puerto Ricans. The social and economic cleavage between them diminishes the chances for the development of solidarity along class lines.

Despite the deprivations experienced by immigrants and minority groups, thus far each group entering the system has been able to move up. In late 19th century America there was a strong occupational differentiation between Catholics and Protestants. Catholics were largely immigrants in manual occupations, while Protestants were mostly native born and thus in relatively high status jobs. But today Catholics whose families have been in this country for three generations show no difference in occupational structure as a group than white Protestants of comparable background.[12]

While the Negroes, Puerto Ricans, and Mexicans have a long way to go to achieve the status of descendants of European immigrants, there is evidence that they too are on the road upward economically as well as legally and socially.

Consequences of National Wealth

The emphases on equality and achievement in the American value system have been perpetuated by our increasing national wealth.

Through industrialization and advancing technology America in the latter part of the 19th century became the wealthiest country in the world, a position it has never relinquished. Between 1869 and 1953, per capita income (standardized to 1929 prices) rose from $215 to $1,043.[13] As the size of the national income has increased the distribution of consumers' goods has tended to become more equitable. This in turn has considerable effects on patterns of class relations.

Gideon Sjoberg has pointed out that with increasing national wealth has come a great gain in the income of manual workers relative to the incomes derived from many middle-class occupations. And he argues that with a rise in relative income status manual workers have achieved a rise in social status as well. The status difference between skilled manual workers and at least the lower sections of the middle class has become less well defined, since manual workers like middle-class people have been able to purchase goods which confer prestige on the purchaser—clothing, cars, homes, and television sets.[14]

Such improvements in income and style of life undoubtedly help to preserve the belief in equality of opportunity. A manual worker who can buy his own house, or a new car, will feel that he has moved up in the world even though he has not changed his occupational position.

To some Europeans, different classes mean distinct ways of life with little overlapping of the goods they own or can afford to purchase, even though in many European countries rates of individual mobility across class lines may be quite high. The greater the inequities, the more the upper classes have the need for a rationalization of their claim to privilege. In part, this need becomes resolved by a value system which defines the lower classes as congenitally inferior and worthless.

In America, by contrast, the mildness of differences in distribution of consumers' goods enables the

wealthy and poor alike to see differences among the classes as relatively unimportant, reflecting differences in rewards for greater ability or luck, and encourages many to feel that they can improve their lot.

Effects of Mass Education

The strong and continuing interest of Americans in equality of opportunity is perhaps nowhere as vividly expressed as in the constant pressures to expand educational opportunities. Since the winning of the fight for free public schools before the Civil War, there has been a steady growth in school attendance at primary, secondary, college, and adult levels. By 1954 more than half of all high school graduates continued their education. Today about 1 in 4 of those in the college age group (18 to 21) are attending college, compared to 1 in 25 in 1900.[15]

Today college teachers are not only the fastest growing major profession, but now far outnumber lawyers, physicians, dentists, clergymen, and military officers.[13] These data belie the contention that Americans are not willing to pay for education. In fact, the percentage increase of expenditures on education by American consumers in the period from 1935 to 1948 was far higher than the percentage change in all other categories of consumer expenditure.[13]

In providing opportunities for education America far outranks every country in the world. This means that a large proportion of our young people have the formal prerequisites to achieve the highest positions in society. Over 30 percent of college students in the United States are the sons of manual workers.[16]

The gradual equalization of educational opportunities in America has reduced the previously marked discrepancy between the educational attainments of manual and nonmanual workers. Today high school graduation has practically become the working-class norm.

Mass education has also had effects on the quality of education. The notion is common today that the strictness of past educational methods resulted in a superior output. But present-day students do as well or better than past generations on comparable examinations in the same subjects even though the schools have been serving increasing proportions of students from lower cultural backgrounds and of less intellectual aptitude.[17]

Mass education has also resulted in raising the level of taste and culture among the population. Recent years have brought an extraordinary rise in the sales of classical records, a growth of "serious" radio stations, a shift in paperback book sales from "lowbrow" to "highbrow" literature, and the emergence of more than 100 literary magazines, 1,100 community symphony orchestras, and much greater numbers of little theater groups.

Sociological and public opinion research indicate that education is also a liberalizing force which may be bringing about increasing national consensus on questions of public policy, since increased education is highly correlated with support for equal rights for ethnic minorities and civil liberties for dissident political views.[18]

Change in Family Patterns

The theory that our society's dominant values continue to be equality and achievement are supported by certain patterns and trends in family life: the relative weakness of parental authority; child-centeredness (reflecting the orientation toward future achievement); a decline in the "double standard" of sexual behavior; the growth of equality in husband-wife relations; the ever increasing proportion of married women who work. However, some recent changes in family behavior do not seem to confirm this assumption, at least within the family.

Perhaps the most surprising change is the rise in the birth rate. Demographic experts had expected in the later postwar years a continuation of the long-term decline in the birth rate which has been characteristic of all developed industrial societies. The crude birth rate had jumped from a low of 16.6 per 1,000 in 1933 to 25.8 in 1947, reflecting the deferred "demand" of the war years.[19] But instead of dropping sharply from this high figure as was anticipated, birth rates have continued to run at about 25.0 during the past decade.[20]

The earlier decline in the birth rate had been explained in part by the thesis that since the intimate obligations of family relations hold people back in occupational success, there will be a strong tendency in an achievement oriented society to restrict the family to the smallest possible unit consistent with the performance of the major function of producing and socializing the young.[21] The "baby boom" of the fifties does not fit into this thesis. Perhaps, the earlier pattern of restricted family size involved serious strains which induced a reversal of the trend, for a solidary family group provides the social intimacy and psychic security needed for personal stability. Moreover, increasing wealth and the fact

that movement up industry's bureaucratic ladder does not require the accumulation of personal savings have lessened the conflict between occupational and family requirements in middle-class families.

Demographically speaking, the recent increase in fertility has been produced by a number of factors: Americans are getting married at younger ages,[22] more people are marrying at some time in their lives; the number of families having three and four children has increased.

Birth rates have increased more among the better educated groups than among manual workers. While the lower status groups are still producing more children than the middle classes, higher status individuals are contributing a much larger share of today's offspring than they did in the past. A study made during the depression found that among families who deliberately planned for each child a large family size was correlated directly with higher income, occupational status, and education.[23]

The trend toward a more familistic culture in the United States is also reflected in the stabilization of divorce rates. In 1900 there were 4 divorces for every 1,000 married women over 15. Although by 1946 this rate had climbed to 17.8, there has been a steady decline in the divorce rate since the peak reached at the end of the war. This had fallen to 9.2 in 1957, still the highest for any major country in the world but almost down to prewar levels.[20]

By-Products

Many problems in American life which are the source of considerable anxiety and controversy may actually be concomitants of an egalitarian and achievement orientation. For example, the same patterns of status distinction which some people regard today as evidence of the decline of equalitarianism were reported by various foreign travelers in the 19th century. Some of these observers regarded Americans as more status conscious than Europeans and suggested that this was the result of a lack of a well-defined deference structure in which there is no question about social rankings.

The great concern with family background (which generation made the money?) that observers from Harriet Martineau to Lloyd Warner have shown to be characteristic of parts of American society may be a reaction to the feelings of uncertainty about social position engendered in a society whose basic values deny anyone the legitimate right to claim higher status by birth than his neighbor.

The problem of conformity which so troubles many Americans today has also been noted as a major aspect of American culture by observers from Alexis de Tocqueville to David Riesman. Such analysts have repeatedly stressed the extent to which Americans are sensitive to the judgments of others. Never secure in their own status, they are concerned with "public opinion" in a way that aristocrats do not have to be. Harriet Martineau almost seems to be paraphrasing Riesman's own description of today's "other-directed" man [24] in her picture of the early 19th-century American:

> **Americans may travel over the world, and find no society but their own which will submit [as much] to the restraint of perpetual caution, and reference to the opinions of others. . . . where the youth of society determines in silence what opinions they shall bring forward, and what avow only in the family circle . . . and where elderly people seem to lack almost universally that faith in principles which inspires a free expression of them at any time, and under all circumstances.[3]**

In a situation of "status anarchy," when people are encouraged to struggle upward, but in which there are no clearly defined reference points to mark their arrival and where their success in achieving status is determined by the good opinion of others, this kind of caution and intense study of other people's opinions is natural.

A society which emphasizes achievement and which resists status claims based solely on ancestry must necessarily be a society in which men are sensitively oriented toward others. And precisely as we become more equalitarian, as more people are able to take part in the status race within the large industrial bureaucracies of the impersonal metropolises, so we become more American in the Tocquevillian sense.

The same point may be made in regard to much of the discussion about the negative consequences of mass culture. Increased access by the mass of the population to the culture market necessarily means a leveling of cultural taste as compared with a time or a country in which only the well-to-do and the well-educated have access to the creators of culture. The "Americanization" of European culture, which disturbs so many European intellectuals, may reflect not the power of American dollars but rather the Americanization of the class structure of Europe.

Many in this country who believe in equalitarianism would also like to secure some of the attributes of an elitist society. Today perhaps we need to remember the maxim that you cannot have your cake and eat it too. You cannot have special public schools for the elite in a society which stresses equality; you cannot produce for a cultural elite without

regard to public opinion and mass taste in a society which emphasizes the value of popular judgment; you cannot have a low divorce rate and an end to differentiation in the roles of the sexes; you cannot expect to have secure adolescents in a culture which offers no definitive path from adolescence to adulthood.

But we are not necessarily in a vicious circle. In fact, there is considerable evidence to suggest that higher education, greater economic security, and higher standards of living result in strengthening the level of culture and democratic freedom. The market for good books, good paintings, and good music is at a high point in American history. There is evidence that tolerance for ethnic minorities is also at a high point. More people are receiving a good education in America today than ever before. Many people, to be sure, buy good paintings, records, books, or well-designed furniture in order to "keep up with the Joneses," but this means that their children will grow up in homes in which good taste is part of the environment.

I would like to emphasize again what most of the foreign travelers to 19th-century America took for granted: that this country has been the most radical Nation on earth in terms of social relationships. American cultural radicalism consists of breaking down the barriers of class, of inherited background, and opening the doors of real culture to the entire population.

I do not predict a coming egalitarian and cultural utopia. Some of our values will always turn out to be incompatible. As we cope with various problems, we create others. But problems and conflict and even despair are the lifeblood of democracy.

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The childhood shows the man
As morning shows the day.

***John Milton in* Paradise Regained, IV**

An important process in treatment in a mental retardation clinic is . . .

COUNSELING PARENTS OF RETARDED CHILDREN

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IN ALL SERVICES directed at helping children, treatment necessarily includes, besides the child, another person who is directly responsible for the child and closely affected by his condition. This person is usually the mother, and though not a patient, is always a client of the agency. This is particularly true in clinics concerned with mental retardation. Treatment of mentally retarded children has to be primarily aimed at reduction of secondary difficulties and improvement in tolerance of the condition and in ability to handle it on the part of the persons carrying responsibility for the child. The problem of retardation is always a family problem, and diagnosis has therefore to be a family diagnosis focused on the total situation. Thus, parent counseling becomes one of the most effective treatment tools.

"Parent counseling" is used here primarily to describe a process of casework treatment, based on diagnostic findings and aimed at ego support and adjustment to reality. It is an enabling and helping process based on the understanding of the dynamics of personality and it uses relationship as a vehicle.

"Diagnosis" as used here will include medical, social, and psychological diagnosis of the child's condition, of the needs of the family as a unit, of the parents' personalities, and of their ability to use available services.

Many of the problems that occur in connection with mental retardation are common to families of handicapped children in general. The parents have to understand the nature and extent of the child's condition, face their own feelings of guilt and rebellion, and learn adequate modes of handling the afflicted child. In such families other children may be neglected and normal life experiences curtailed for either the healthy or the handicapped members, or both. Family breakdown may result from the parents' own withdrawal from normal activities. In the family with a mentally retarded child additional factors of social shame, embarrassment over the child's behavior, and bafflement over the child's uneven capacities, often must be dealt with.

In contrast to other medical conditions, treatment of the retarded child's condition rests primarily with the parents rather than with a professional worker, even if the youngster attends school or a day care center. It usually consists of helping the child to achieve optimal development and maximum use of his capacities. To do this effectively parents need help in working through their own feelings and adjustments as well as practical advice in regard to their everyday problems.

Relationship and Timing

Development of a good professional relationship is one of the main prerequisites for successful work with parents. Parents tend to reject painful information that comes from a seemingly uninterested or unfeeling source. If the diagnostic process in the clinic is an unhurried one, parents have time to understand step by step what the clinic personnel are attempting to do, to prepare themselves to accept

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the diagnosis and a treatment plan, and to develop a workable two-way relationship with the clinic personnel based on trust and respect. Much of the frantic "shopping around" in connection with chronic conditions may be caused by attempts on the part of clinicians to shortcut the diagnostic processes. The team approach in diagnosis gives the parent an opportunity to work through negative feelings that emerge in one or the other contact and to clarify interpretations. "Shopping around" can often be avoided by permitting parents to use the various team members for comparison of opinions.

Parents' previous experience with other facilities have to be dealt with directly at the time of first contact. If the new clinic does not want to be just one of a growing list of clinics in the parents' experience, client and workers must clearly understand the reasons for dissatisfaction with the previous agencies and what the client's present expectations are.

At the Mental Retardation Unit of St. Christopher's Hospital for Children the diagnosis may extend over several weeks. The clinic is staffed by a team representing a variety of professional disciplines. Cases are screened for admission by the pediatrician and most of the team members are involved in the diagnostic work-up. This is terminated by a team conference in which plans are worked out with full consideration of the child's needs, family wishes, and available facilities. The team delegates discussion of such plans with the family to the person who has developed the most workable relationship with the family and who will have to carry the main responsibility for helping them carry out or modify the suggested plans. This is frequently the social caseworker.

In regard to mental retardation there is sometimes a strange notion that establishing diagnosis is identical with giving treatment. Diagnosis is an essential step toward understanding treatment needs, but it is not treatment. The parents' expectancy and readiness for help is necessarily being aroused during the diagnostic process. If this is not followed up promptly with an actual treatment plan, their readiness to involve themselves in a treatment process may be lost.

The parents' most crucial need for service occurs at the time when they first learn of the diagnosis. It is then that they need support in handling their emotions, help in clearly understanding the diagnosis and its implications, and assistance in planning for their child.

Considerable anxiety is usually aroused by a diagnosis of mental retardation. If this is not handled promptly, parents may develop rigid defenses which are not easily amenable to change. A caseworker can help parents set up the kind of defenses that will cushion reality adjustment rather than paralyze functioning. Even the most stable parents have to cope with a certain amount of personality disorganization in reaction to severe stress and shock. Professional casework services at this point work as a "catalyst" for helping parents to recognize their thoughts and reestablish ability to function.

Casework Approach

The parents who come to a mental retardation clinic are as a rule quite aware of the fact that they have a problem. They may, however, deny its nature. Parents should clearly understand the findings of the clinicians in regard to their child's difficulty. However, they need not accept these findings immediately and fully in order to work toward relief of their problem. Diagnosis of mental retardation is not likely to change, and the parents' acceptance may come gradually as a result of treatment.

If a parent persists in calling his child "slow" instead of retarded, the worker may do the same. If the parent continues to express conviction that the child will eventually "catch up," or does not belong in this "terrible" special class, the worker need not contradict him but can patiently help him face the truth. Parents can be helped gradually to see the diagnosis not as a "dead end" verdict, but as a starting point from which to approach much of the problem.

Parents often spend considerable effort in trying to prove to the worker that the child is normal. If they really believed this, they would not continue with the clinic. They often try to push the worker into an argument in order to convince themselves. The worker does well not to be drawn into such an argument. In time the parents draw their own conclusions.

We found most of the parents seen at our clinic very eager to find and use services. Many cooperate far beyond their own need and show good grasp of the value of their contributions to the understanding of the problem. However, as in any clinic setting, some parents withhold information or try to manipulate clinic personnel and time. Such behavior has to be discussed quite directly with the clients and limits should be set.

Service cannot be effective without the full and

voluntary participation of parents. The parent who cannot respond to efforts to help him and who continues to try to manipulate the clinic will manipulate treatment goals. Neither he nor the child will in the end profit from treatment. However, the amount of responsibility for initiation and continuation of contact that can and should be put on the client should be determined on the basis of the psychosocial diagnosis rather than on rigidly established clinic procedures.

Through social-casework counseling, parents of retarded children can be helped to develop:

1. Some understanding of the meaning of the term "retarded" as it applies to their child.

2. Understanding of the degree of their child's handicap and what this will mean in the future.

3. Ability to understand their child's assets, his needs, and his difficulties.

4. Appreciation of the effect the presence of a handicapped child has on family life in general, on their other children, and on themselves as parents, and on adjustment of the family within the neighborhood.

5. Understanding of the fact that the child's retardation and his behavior are separate entities and that behavior can be influenced at least to a degree by educational approaches.

6. Ability to judge whether neighborhood reactions are caused by the child's behavior, appearance, or mental ability.

7. Techniques to use such understanding constructively in order to help the handicapped child, the entire family, and the community.

8. Knowledge of available resources relating to their own situation and to the problem of retardation in general.

While needs differ, time for consideration of these areas has to be provided in planning. The "one shot" approach is rarely helpful.

Patterns in Counseling

In spite of the uniqueness of each case, definite patterns emerge that may serve to guide program planning. Contacts fall roughly into four phases: (1) *the initial period*, encompassing the diagnostic process, clarification of the situation and needs, establishment of treatment goals, and selection of treatment methods; (2) *treatment*, consisting of more or less intensive counseling, individually or in groups; (3) *tapering off*, a time when goals being achieved, contact becomes less frequent and is eventually stopped; (4) *followup*, consisting of occasional contact either as needs arise or as children are brought to the clinic for other appointments.

Initial period. It is neither feasible nor necessary to offer counseling services to all parents who come to a clinic for diagnosis of their child. By the end of the diagnostic period it should be possible to estimate fairly accurately the parents' need for counseling services, their amenability to this type of service, and the feasibility of intermediate as well as long-range goals.

Selection of appropriate treatment methods should be made after consideration of a number of factors:

1. *Ego strength*—the parents' maturity; emotional stability; capacity to accept their roles as parents, as marital partners, as members of their community; their intellectual endowment and the use they make of it.

2. *Family strength*—the quality of interrelationships between the different members of the family, and the kind of emotional and practical support parents can count on from other family members.

3. *Environmental and cultural influences*—the presence or absence of other irritants in the home or in the neighborhood and the influence of cultural and religious factors on the family's acceptance or rejection of the problem.

4. *Degree of handicap* and the parent's understanding of it. It is considerably more difficult for the parents of a moderately retarded child who is physically healthy and attractive to accept the diagnosis than to see him as plain stubborn, lazy, or spoiled. The parent of a severely retarded child with external stigmata is less able to avoid the problem.

Treatment goals. In mental retardation, treatment is aimed at increased comfort of all people concerned with a trying situation.

Problems have to be analyzed so that partial solutions can be found as the need arises. Tension and frustration in parent and child may be reduced by cathartic experiences for the parents, and by help with practical problems such as learning ways of handling unacceptable behavior, and planning for school or other types of placement. If problems are

met as they occur, many retarded children can live happily within their own family groups and make their contributions to family living, at least during their childhood years. Where placement away from home is indicated, the parents can be helped to see that this has advantages for the handicapped child as well as for the rest of the family.

Level of Treatment. In general, the level of treatment remains in the area of reality adjustment, ego reintegration, and development of techniques for daily living. Intensity and depth of treatment vary greatly within the range of clinic function. If the parents have prominent personality disturbances or many problems in addition to their child's retardation, they may have to be referred to more appropriate agencies.

Treatment Techniques. Treatment techniques most often used are clarification, supportive counseling, and environmental reorganization. This does not preclude the use of insight therapy, but where such therapy is of paramount importance, referral becomes necessary. Though the counseling focuses on the problem of mental retardation, parents may be enabled by treatment to translate the help they get for one problem to others as needed. This happened in the case of the A family.

The A's were referred by their family physician, who was struck by the intensity of the negative parent-child relationships. The oldest child, Tim, retarded because of an organic condition, was extremely hyperactive and lacked concentration. The parents' severity in trying to control his behavior had led to violent negativism on his part. The younger brother, Don, considerably brighter than Tim, got vicarious enjoyment out of teasing his older brother into temper outbursts resulting in actions for which Tim eventually was punished.

During the contact here, explanation as to the organic basis of some of Tim's behavior was given to both parents. They were helped to evaluate their own approach to the children, to consider the differences of their children's needs, and to try new ways of meeting these needs.

The parents became aware of the teasing of the younger child and of the effect on both children of their own impatience and high standards. They also became aware of their own strained relationships and how these resulted in their undercutting each other's effectiveness with the children. Gradually the whole family situation calmed down. When a new baby was born, both parents were able to avoid many of the mistakes they had made at Don's birth which had created such intense jealousy and difficulties between the boys.

Treatment Methods. The caseworker may counsel either in individual contact or in groups. It has been hoped that the development of group techniques might prove more economical of the worker's time than individual contacts. This has hardly been the case as far as economics of time and professional efforts are concerned. The economy lies in the fact that the more appropriate treatment is the more effective one.

Individual Counseling

At the St. Christopher's clinic individual counseling has been offered to the parent with highly individualized needs, strong emotional dependency, intense masochism with certain types of passive-aggressive adjustment, or clearly psychotic tendencies. We found such parents poor group risks, since they tend to be disruptive to group processes because of their urgent need for attention, the intensity of their relationships, or their need to act out. In individual contact the worker can adjust the process to the individual and can control the gratification of his particular needs. This was the method used in the B case.

The B's had accepted the diagnosis of their only child's retardation before coming to the clinic, but they felt strongly resentful of the doctor who had given the diagnosis. They interpreted his statements as meaning that no limits could be set for the boy's behavior. They joined a parents' organization and used the group to project their anxiety about their own problem.

In individual contact, the B's were brought back again and again to their own problem of handling their child's behavior. They were helped to face their misinterpretations of what they had been told. They also came to realize how much they acted out their own discouragement by proving time and again that they were not able to set limits for their child, while other people were able to do so. As it became necessary, the caseworker allowed them to forgo discussion of the child and his problem and focus on their general discouragement and disappointment, of which the child was only one factor.

The caseworker saw the parents in separate interviews and helped them work through some of their rivalry in their positions within the family so that a common approach could be established.

Group Counseling

In group counseling we are not concerned with intensive group therapy, but with casework counseling in groups. Goals are: personality reintegration and adjustment to reality. Group processes and teaching methods are combined to afford the individual relief from tension, understanding of children's behavior, and techniques for handling specific problems.

Group processes are helpful to basically mature parents whose functioning is temporarily impaired by the overwhelming nature of their problem; to parents with a tendency toward projection and intellectualization; to parents with pronounced though well-controlled feelings of hostility, who can find relief through limited acting out; and to parents with dependency needs which may be met through group identification and support.

In selecting members for groups at St. Christopher's we have not found it particularly necessary

to strive toward homogeneity of social strata, intellectual capacity, personality makeup, or degree of defect in the members' children.

Groups soon develop a homogeneity of their own, the members becoming quite supportive of one another.

The case of Mrs. C. illustrates several of these points.

Mrs. C. was unable to make effective use of individual contact when it was offered. She covered up her intense feelings of hostility by complete denial and adopted an attitude of submissiveness. In the group she quickly assumed a certain amount of leadership, which the group kept from going beyond bounds. She used the group constructively to gain better understanding of her own problems, to learn from other parents techniques of handling situations, and to get gratification for her need to dominate.

After the series of group sessions ended, a second attempt at individual counseling, made at Mrs. C's request, was no more effective than the first. But in another series of group sessions she again used the group experience constructively.

Length of Contact

Length of time necessary to achieve intermediary or long-range goals varies greatly, depending on the kind of emotional or reality problems to be worked out and the complications encountered in the process. Length of contact may be in inverse ratio to the severity of the actual handicap. An obviously severe handicap often allows for clearer diagnosis, less parental resistance, and fewer alternatives. On the other hand, parents of a more salvageable child may be in need of longer periods of service to achieve an acceptance of the retardation and evaluate a variety of possibilities for the child.

At the St. Christopher's clinic cases that receive *short-term services* only fall roughly into three groups.

Group 1 includes parents who during the diagnostic process or previously have learned to understand and accept their problem and are basically able to handle it on their own. Usually only one interview following the diagnostic period is needed to clarify that the clinic stands ready to help them whenever necessary. Such parents use the clinic as needs arise.

Group 2 includes parents who are not accessible to continued treatment even if they are in need of it. They either have not accepted the diagnosis or are unable to mobilize themselves sufficiently to involve themselves in treatment. The caseworker alerts other team members to these problems so that the parents may receive some help when they bring the child in for followup visits to the physician or the psychologist and may be referred to the caseworker at a later date if feasible. In the interim the caseworker seeks opportunities for casual contact with the parents in the clinics.

Group 3 includes parents already known to community agencies, which usually continue service to the family, often in collaboration with clinic personnel.

Intensive casework treatment over a longer period is offered parents with complex problems either of their own personalities, environmental situations, or difficulties with the child. We have found it most economical and helpful to offer intensive, frequent interviews at the very beginning of the treatment period and then to gradually decrease contacts as parents become able to manage on their own.

Recently we have begun to experiment with a more extensive than intensive approach consisting of a cooperative effort between the public health nurse and the social worker. Two groups of parents have been included in this program: (1) basically stable parents whose problems of child management are caused by the child's severe handicap; (2) immature, anxious parents who have management problems with their children caused at least in part by their own insecurity. No attempts are being made with either group toward too strong involvement in the parents' own problems. Explanations are given for the child's behavior and new approaches to handling are suggested. The public health nurse visits the more immature parents to demonstrate ways of handling the child. It is too early to say how helpful such an approach may be. However, considerable relief of upset has been achieved in a few of the families in this experiment.

All tapering off of long-term treatment should be on a planned basis. Unplanned "fizzling out" devaluates the treatment received and may leave the parents with a feeling of dissatisfaction. As treatment goals are gradually realized, parents themselves usually begin to express a lessened need for contact. Increase in problems and anxiety may occur as wider spacing of interviews begins. If the caseworker permits the parents to set their own pace, the frequency of contacts will decrease.

One advantage of casework at a clinic is that cases can be followed over extended periods of time without maintaining intensive or regular contact. Parents often use scheduled followup visits to the pediatrician, psychologist, or speech pathologist as opportunity to bring the caseworker up to date with their present stage of affairs. The caseworker also may schedule followup interviews at certain stages in the child's life, for example when he is getting ready for

a nursery school experience, camp experience, or school placement.

Parents' Organizations

Parents' organizations such as the Association for Retarded Children should be used as a resource in planning with parents of mentally retarded children. These organizations provide such parents with strong emotional support and valuable outlets for the constructive channeling of their anxieties, frustrations, and tensions. However, referrals to such groups should be made on the basis of diagnostic considerations, and should include preparation of the client and the organization as in any agency referral.

The timing of such a referral is important. These organizations properly expect their members to promote understanding of the problem of mental retardation. To do this effectively and without harm to themselves parents have really to understand and accept the nature of their own problem and they have to be ready to identify with a large group. Otherwise they may use activity in the organization to avoid facing their own problems and working through their own anxieties and difficulties. We have found that parents who have joined large organizations of parents without preparation often accept mental retardation as a community problem, but do not really acknowledge their own problems in relation to their own mentally retarded child.

Parents who are well prepared for group membership can offer a great deal to these organizations in their work to spread understanding of the needs of the mentally retarded.

However, this type of activity cannot substitute for the emotional and practical help needed by parents at crucial points to maintain their own and family stability in facing the problems presented by the fact of their child's retardation. In offering such help, the goal of casework counseling, whether to individuals or groups, is to help parents achieve their optimum functioning to meet their own responsibility for the treatment of their child.

Guides and Reports

BEHAVIOR PROBLEMS OF CHILDREN IN NAVY OFFICERS' FAMILIES as related to social conditions of Navy family life. Genevieve Gabower. Catholic University of America Press, Washington 17, D.C. 1959. 279 pp. $3.

A social work study of the effects on children's behavior of such conditions as family moving, separation from the father, and community attitudes toward the Navy family.

DELINQUENT BEHAVIOR: culture and the individual. William C. Kvaraceus and Walter B. Miller, with the collaboration of Milton L. Barron, Edward M. Daniels, Preston A. McLendon, and Benjamin A. Thompson. National Education Association of the United States, 1201 16th Street N.W., Washington 6, D.C. 1959. 147 pp. $1.25. Discounts on quantity orders.

Presents concepts intended to help school workers plan and carry out practices for dealing with delinquency. Prepared by a psychologist, a cultural anthropologist, a sociologist, a psychiatrist, a pediatrician, and a criminologist.

A REVIEW OF RESEARCH ON PARENT INFLUENCES IN CHILD PERSONALITY. Rita V. Frankiel. Family Service Association of America, 215 Fourth Avenue, New York 3, N.Y. 1959. 32 pp. 65 cents.

Surveys highlights of multidisciplinary research literature on effects on children of specific infant-care practices, of general patterns of parent behavior and motivation, and of parent attitudes.

RESPONSIBILITIES OF STATE DEPARTMENTS OF EDUCATION AND HEALTH FOR SCHOOL HEALTH SERVICES; a policy statement. Revised 1959. Approved by the Council of Chief State School Officers and the Association of State and Territorial Health Officers. Washington, D.C. 52 pp. 35 cents. Discounts on quantity orders. Order from the Council, 1201 16th Street, NW., Washington 6, D.C.

Among the new material in this revised edition is a section on health services for handicapped children and one on health services in physical education.

A GUIDE FOR THE STUDY OF PERINATAL MORTALITY AND MORBIDITY. Council on Medical Service, American Medical Association, 535 North Dearborn Street, Chicago 10. 1959. 31 pp. Available on request from the Council.

A "flexible basic program" for hospital, city-county, and State perinatal study committees aiming to reduce mortality and morbidity in the period before, during, and soon after birth.

SYMPOSIA ON CHILD AND JUVENILE DELINQUENCY, presented at the American Orthopsychiatric Association. Psychodynamics Monograph Series, Station L, Washington 20, D.C. 1959. 364 pp. $10.

Proceedings of five symposia on delinquency held during 1949–53.

HERE AND THERE

State Legislation

Among State actions affecting children, taken in the 1959 legislative sessions, were the following:

In **Alaska** a new State department of health and welfare was created to take the place of three Territorial departments—of health, of public welfare, and of juvenile institutions—and in addition to administer certain adult institutions and probation and parole functions.

In **Arkansas** the State board of health was given authority to regulate use of radiation. Use of shoefitting devices involving fluoroscopic, X-ray, or radiation principles was prohibited.

In **California** the legislature appropriated $90,000 for the State to participate in an intercounty adoption program. It also authorized juvenile courts to commit children to the county welfare department.

The legislature also appropriated $32,000 for diagnosis and treatment of childhood nephrosis, thus adding this crippling condition to the State program for crippled children, and provided $34,965 for pilot projects for the treatment of children with epilepsy and for a study of the feasibility of including such children in the crippled children's program. Other new acts make it unlawful to coat toys with injurious substances; forbid all but licensed persons, or technicians under their supervision, to operate X-ray or fluoroscopic equipment; and require danger warnings to be printed on plastic garment bags.

In **Colorado** the legislature provided that after July 1, 1960, no child under 7 years is to be committed to the State children's home unless such commitment shall be approved by the superintendent of the home.

In **Connecticut** the legislature authorized the department of education to provide special services for emotionally disturbed children and appropriated funds for planning and purchase of land for a mental health center in New Haven.

In **Idaho** the legislature required public school districts to provide for the education of handicapped children who are not being educated or are not eligible for education in State-supported schools. The State department of public assistance was given authority to accept or refuse commitments of delinquent or dependent children.

In **Indiana** a Governor's youth council was created as a new State department, and a committee established to study the problems and needs of emotionally disturbed children as a step toward program formulation. County public welfare departments were required to make a public record which itemizes vendor payments for medical care but does not in any way identify recipients under the Aid to Dependent Children's program.

The Indiana Commission for Physically Handicapped Children was dissolved, and a larger Commission for the Handicapped concerned with handicapped persons of all ages created. A rehabilitation unit to implement the work of the commission—which is coordinative, informational, and educational in nature—has been established within the State board of health.

In **Kansas** provision was made for the training and education of the deaf-blind, in the State or in another State.

In **Maine** the legislature prohibited work at night (9 p.m. to 7 a.m.) for children under 16. All but two States now have some legislative prohibition of this type.

In **Minnesota** the responsibility of the juvenile court over termination of parental rights and appointment of guardians was clarified and, in counties with juvenile court judges who have been admitted to the practice of law within the State, the juvenile court was given jurisdiction over adoption. The counties were required to provide probation services to juvenile courts or secure them through the State Youth Conservation Commission, with the State paying each county of not more than 100,000 population 10 cents per capita to cover the costs. Other measures transferred the commission to a newly established department of corrections; provided for foster care placement of delinquents released from institutions; and specified the functions of county child welfare boards in administering programs of social services and financial assistance to children.

Other Minnesota legislation permitted the State department of health to establish a human genetics program for counseling, education, and research on physical and mental abnormalities related to heredity; authorized admission of State-supported handicapped children to facilities other than the State hospital when the hospital cannot provide care; and provided for instruction and services for handicapped children.

In **Missouri** under a new law the State crippled children's agency, instead of a county court, now determines who may receive services under the crippled children's program. The same law has broadened the definition of a crippled child, so that the agency may extend services to children with conditions besides those requiring orthopedic or plastic surgery.

In **New Mexico** the legislature directed the State Department of Health to set up regulations requiring the immunization of all school children against diseases "deemed to be dangerous to public health." (Diphtheria, pertussis, tetanus, poliomyelitis, and smallpox have been so designated by the department.) The legislatiure also directed the State Department of Health to regulate procedures concerning the use of radioactive material (excluding control of kind and amount of radiation used by licensed practitioners of the "healing art"); required registration of sources of radiation; and forbade the use of shoefitting devices involving radiation. Another new health measure set a penalty for abandoning a refrigerator unless its door is removed, locked, or sealed.

Other New Mexico legislation required adoption proceedings to be carried out in private, put the State youth commission in the Department of Education, made it unlawful for fathers, or mothers, to fail to support a minor child insofar as possible, empowered juvenile courts to transfer felony cases of persons over 14 to criminal courts, and raised amounts of civil damages payable by parents for children's malicious or willful actions. Appropria-

tions for probation services were increased.

In **New York** the legislature authorized local public welfare officials to provide care for unmarried mothers away from their hometowns before and after the baby is born, without notifying or billing the woman's parents or anyone else in the hometown; and to place a child for adoption outside the State in States where officials agree to supervise the adoptive family until the decree is granted. The legislature also provided that a child whom the court finds to be "permanently neglected" can be adopted without the parents' consent, specifying that the neglect finding can be made if the parents have failed for more than a year to maintain contact with him and plan for him, though physically and financially able to so and though an authorized agency has attempted to bring about better relations between the child and his parents.

Other New York legislation authorized establishment of programs for early detection and treatment of behavior problems in schoolchildren and allowed counties to make arrangements with each other for provision of detention care. The effective date of the Youth Court Act, passed in 1956 (see CHILDREN, July–August 1956, p. 153), was postponed, for the second time, to April 1, 1960.

In **North Carolina** the legislature required all children to be immunized against poliomyelitis before entering school.

In **North Dakota** the legislature authorized the use of public funds for foster home care for young people paroled from the State training school, and appropriated $150,000 for a children's psychiatric center. It provided for sending deaf-blind children out of the State for training. It also reduced the upper age limit for compulsory school attendance from 17 to 16. The legislature also provided for a study of the State training school by the legislative research committee.

In **Oklahoma** the State commission for crippled children was abolished and the crippled children's program transferred to the department of public welfare. New laws created a State child guidance board and authorized counties with health departments to conduct child guidance programs. The legislature also provided for a radiation advisory committee.

In **Oregon** the State welfare commission was authorized to establish public agency adoption services. The legislature also created a State board of hearing examiners to license qualified persons for fitting hearing aids and directed the State board of health to establish qualifications for the licensing of physical therapists.

In **South Dakota** the legislature outlawed switchblade knives. It also authorized the superintendent of the State hospital to admit for physical and psychological observation anyone suspected of being mentally retarded and to keep him at the hospital for a month upon payment by his parents for the service. Responsibility for persons on parole from the State training school was transferred from the school's superintendent to the director of probation and parole. The State's total monthly payment under the ADC program was set at not more than $35 multiplied by the number of recipients. An appropriation of $3,500 was approved for a Governor's committee on children and youth.

In **Tennessee** the legislature provided for establishment of a rehabilitation center, including a hearing and speech center, at Nashville. Amendments to the adoption laws required that natural and adoptive parents be present in court when a child is surrendered for independent adoption, required adoptive parents to have lived in the State the entire year preceding the adoption petition, and made the child for whom an adoption petition has been filed a ward of the court until the adoption is final or legal guardianship approved. The legislature also authorized juvenile courts to hold open hearings and to set fines up to $50 for traffic violations and permitted local boards of education to lower the age for compulsory school attendance from 16 to 15 for children whose attendance results in detriment to good order and discipline, impedes the instruction of other children, and is not of substantial benefit to themselves.

A change in the Tennessee licensing law brings under the licensing requirements all institutions, which either "primarily or incidentally" provide full-time care outside their homes for seven or more children under 17 years of age, and broadens the definition of day care centers (also subject to licensing) to centers which care for children at any time within a 24-hour period.

In **Texas** the legislature ordered removal from the public part of birth certificates the item showing whether or not a child is legitimate. It also created a coordinating commission for State health and welfare services and provided for care and education within or outside the State of persons under 18 who are totally deaf and blind, or totally blind and nonspeaking, and authorized a program to prepare preschool children with hearing loss to enter the State school for the deaf.

In **Utah** the legislature provided for appointment of a State director of special education and for establishment of day care centers for handicapped children.

In the **Virgin Islands** the legislature passed an act authorizing the department of social welfare to establish and administer day care centers and made a $50,000 appropriation for the purpose, contingent upon the availability of funds.

In **Washington** the legislature provided for State aid to less populated counties in establishing and increasing probation services.

In **Wyoming** the legislature made it possible for a parent who is a minor to relinquish a child for adoption. It also established a school for the deaf separate from a school for the blind.

Alaska, Arkansas, Indiana, Missouri, Oklahoma, South Carolina, South Dakota, and Vermont adopted the Mental Health Compact, bringing to 21 the number of States within the compact. Members of the compact agree to waive State residence requirements for admission to State mental hospitals for any of the States which have adopted the compact.

—Sarah L. Doran

Congressional Action

The 86th Congress has appropriated $46,500,000 for the fiscal year ending June 30, 1960, for grants to the States under the three maternal and child welfare programs administered by the Children's Bureau—$3,000,000 more than last year's initial appropriation for the programs. The 1960 appropriation includes $17,500,000 for maternal and child health services, $16,000,000 for services for crippled children, and $13,000,000 for child welfare services—an increase of $1,000,000 for each of the

three services. The appropriation for maternal and child health services is 81 percent of the sum authorized by the Social Security Act, as amended; for services to crippled children, 80 percent; and for child welfare services, 76 percent. As in previous years, $1,000,000 of the maternal and child health appropriation is earmarked for special projects for mentally retarded children.

A supplemental appropriation to the 1959 budget provided $1,500,000 for services to crippled children, to be used only for services for children with congenital heart disease. These funds will remain available through the fiscal year 1960.

The Congress has also appropriated $2,300,000 for Children's Bureau salaries and expenses, an increase of $128,000 over last year's amount; and $200,000 to go toward expenses for the 1960 White House Conference on Children and Youth, a $50,000 increase over the amount appropriated for Conference preparations last year.

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The President approved a House joint resolution changing the date of Child Health Day from May 1 to the first Monday in October, effective for the calendar year 1960.

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Before adjourning its first session, the Congress extended for a third year the provisions of an act passed in 1957 permitting alien children who are eligible orphans to come into the United States on special nonquota immigration visas if the children had been adopted abroad by American citizens, or were coming to this country for adoption here. (See CHILDREN, November–December 1957, p. 238.) The previous act permitted issuance of nonquota visas up to June 30, 1959; the new one (Public Law 86–253, September 9, 1959) extends that permission to June 30, 1960.

The new law adds provisions under which the adopting couple are required to file a petition for the child's visa with the Attorney General of the United States containing information and documentary evidence to establish that they will care for the child properly if he is admitted and (if he has not already been lawfully adopted abroad) that they will adopt him in the United States, meeting the preadoption requirements in the State of the child's proposed residence. If, "after an investigation of the facts in each case," the Attorney General determines that the facts stated in the petition are true and that the petitioners are persons of "good moral character," the petition will then be granted.

White House Conference

The final draft of the program for the 1960 White House Conference on Children and Youth was adopted by the Conference's national committee in late October. This provides for a dual focus: "The World Around the Young" and "The Young in the World." Thus the discussions of the 18 concurrent daily forums, each with a separate area of concern (See CHILDREN, July–August 1959, p. 156), will stem from these two approaches, nine of them focusing on the outside factors influencing the young, and nine on the inward needs and problems of children and youth.

On their first morning, the five concurrent theme assemblies, with which 3 days of the 6-day Conference will begin, will have an "inward" focus—appraisal of the ideals and values of today's youth in their changing world, while the theme assemblies for the other 2 days will be concerned with outside influences: (1) assessing the impact of today's economic, social, and cultural factors on youth; and (2) youth's adaptation to the changes brought by science, technology, and population pressures.

The 210 work groups of the Conference will each focus on a specific aspect of topics such as: health (physical and mental); child care; education; community services involving children; handicapped children (physically and mentally); adoption; recreation; values and ideals; teenage problems; juvenile delinquency; youth employment; citizenship; relationship to adults; impact of mass media; rights and responsibilities of children; changing conditions affecting children; working mothers (implications for children); unwed teenage mothers; population shifts (effect on children); minority group problems; and family life.

The work groups will be interdisciplinary in make-up, with members of various professions, laymen, and youth delegates being assigned to each. Well before the convening of the Conference each delegate will receive a copy of the program to enable him to designate several work group subjects of most interest to him. From these choices the work group assignments will be made. Among other materials to be sent to each delegate prior to the Conference will be a "fact sheet" of background information pertinent to his work group's subject.

State committees have contributed to the program preparation by indicating their areas of chief concern. A preliminary report of material sent to the Conference secretariat in Washington shows that juvenile delinquency prevention, treatment, or both, is the most prevalent concern, being listed by 39 States as a major interest. Next comes the diagnosis and treatment of emotionally disturbed children—a major concern in 32 States. The training and treatment of retarded children comes third, with 29 mentions. Fourth (25 States) and fifth (24 States) are respectively religious and spiritual life, and establishing values and ideals in children. At the bottom of the list, a major concern in only one State each, are problems of radiation hazards, rural-urban migration, and teenage drinking.

As a contribution toward program planning and followup, representatives of 267 of the 464 member agencies of the Council of National Organizations met in Washington for 2 days in mid-September to identify issues relating to the Conference theme, to propose ways of stimulating interest in the Conference, to discuss what they would like to see come out of the Conference, and to define the roles of national organizations in followup.

The discussions took place in 10 work groups which considered these problems in the light of education, health, values and ideals, child care, leisure time activities, teenagers, handicapped children, youth in conflict, children and youth of minority groups, and the effect of changing social and economic conditions. Among the many issues they identified as important for Conference consideration were: identification of American values and the differences between teaching and practice; a reexamination of the role of the public schools in American society; how to achieve health supervision for all children; how to retain the basic human rights for children in the Aid to Dependent Children program; how to

provide teenagers with opportunities to do "real things"; and how to make our institutions flexible enough to meet the needs of minority groups.

Schools

The Nation's school and college enrollment—public and nonpublic—increasing for the 15th consecutive year, will reach an all-time high of 46,480,000 in the school year 1959–60, an increase of 1,940,000 over the 44,540,000 enrollment for the 1958–59 school year, according to the Office of Education.

Reports to the Office indicate that public elementary and high schools opened with a shortage of at least 130,000 classrooms.

Last fall's enrollment in public elementary and secondary schools was 1,843,000 in excess of normal school capacity, and this year's is expected to increase by 1,110,000 in the grades from kindergarten through the 8th, and by 260,000 in the 9th through the 12th. With 30 pupils per room for elementary schools and 25 for high schools, increased enrollments alone require an additional 37,000 rooms in elementary schools and 10,400 in high schools—a total of 47,400. In addition, the schools will need 16,800 new classrooms to replace those that for various reasons have become unusable, the Office estimates. This means a total additional need of 64,200 classrooms just for increased enrollments plus current replacements.

Last year the States estimated that 68,400 classrooms would be built by this fall. If those 68,400 classrooms have been built, last year's shortage—140,500—will have been reduced by 4,200, leaving the present estimated shortage at 136,300.

Mental Health

January 1960 marks the beginning of World Mental Health Year, sponsored by the World Federation for Mental Health with the purpose of focusing scientific attention on the problems of promoting mental health in the world today. Actually the five projects selected for main attention are expected to take 3 or 4 years to complete. They are: (1) a study of childhood mental health, especially in relation to current influences throughout the world that affect family functioning for better or worse; (2) surveys of attitudes toward mental disorder; (3) a study to determine methods for teaching mental health principles in professional education; (4) a study of the effects of interpersonal relationships in work situations; and (5) a study of the psychological problems of migration.

All of these projects will be chiefly field rather than laboratory projects, each having a coordinator and a team of staff members who will evaluate the pertinent literature, consult with professional persons in various countries, conduct factfinding surveys, and hold regional conferences and teaching seminars. Their purposes will be to establish the facts on which improved services can be designed, to inaugurate action wherever possible, and to evaluate the results of such activity.

Plans are to finance the projects through contributions from foundations, voluntary organizations, and governments, though only a small portion of the $2,500,000 estimated cost has as yet been received. The projects will proceed as the money is forthcoming.

Adoptions for Indians

For the past year the Child Welfare League of America and the Bureau of Indian Affairs, U.S. Department of the Interior, have been carrying on a joint pilot project to provide adoption services to American Indian children. The project developed out of concern over the number of totally dependent Indian children living on Indian reservations for whom no adoptive homes can be found on the reservations or within their own States. Its purpose is to explore adoption possibilities for Indian children off the reservation through the out-of-State placement of 50 such children, preferably infants.

Two private adoption agencies in Eastern States have agreed to find adoptive homes for Indian children who are free for adoption and considered adoptable, without regard for racial matching. Results of these placements will be studied and evaluated as the basis for developing a permanent interstate plan for the placement of Indian children needing adoption.

The two adoption agencies participating in the project are the Louise Wise Services, New York City, and the Children's Bureau of Delaware, Wilmington, Del. At least one additional agency is expected to participate.

Since other League agencies have also expressed an interest in placing Indian children for adoption—especially older children— a plan has been worked out for the project director to act as liaison between placement agencies and agencies responsible for adoptable Indian children, whether or not the agencies are participating in the study.

At the present time the project is operating in 13 major reservation areas in Arizona, Montana, Nevada, North Carolina, and South Dakota. Factors in the selection of these areas have been:

1. The presence within the reservations of children needing adoption.
2. The limited nature of the adoptive opportunities within the State.
3. The legality of out-of-State placements for adoption under the State adoption laws.
4. The availability to the reservation of a trained child welfare worker to work with the child and the natural parent.
5. The availability of a Public Health Service arrangement for medical services to Indian children and their families.
6. Interest in the project on the part of public and private social agencies in the respective States.

Prior to the initiation of the project inquiries were made, with generally favorable response, into the attitudes of Indian tribal leaders and the national voluntary organizations concerned with Indian affairs toward the adoption of Indian children outside their tribes.

Since the first several months of the project were spent in exploration, planning, and organization, the actual transfer of children did not begin until December 1958. So far eight children have been released for adoption through the project, six of whom have already been placed in adoptive homes.

Director of the project is Arnold Lyslo of the Child Welfare League staff.

Public Assistance

State reports to the Bureau of Public Assistance for a sample month late in 1958 indicate that nearly half of the more than 745,000 families receiving payments under the Aid to Dependent Children program were not receiving enough total income to meet their needs as determined by their States' assistance standards. In these families, located in 39 States, the income shortage

averaged $39 a month. For 100,000 of them, the monthly income was short by $50 or more.

Fifty-five percent of all the families on ADC had no income except public assistance payments. For the families that had other income, the most frequent sources were wages earned by the mother (13 percent of all the families) and contributions from the father, who was not living in the home (12 percent).

Of the mothers who were in the home, about one-sixth—103,000—were employed, one-third of them full time. Cash earnings averaged $48.47 a month. Their families included 87,000 children under 6 years of age and 165,000 children from 6 to 12. Arrangements for care of the children—mainly in the home—while the mother was working had been made for 89 percent of those under 6 and 78 percent of those from 6 to 12.

The median age of the 2,142,000 children in all families receiving ADC payments was 8.4 years. Three-fourths of the children were under 13.

The figures do not include data from Vermont or the Virgin Islands.

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As a step in planning for a family service unit in its public assistance division, the District of Columbia Department of Public Welfare has contracted with the Catholic University School of Social Service for an analysis of a 5-percent sample of the more than 1,000 cases of troubled families that have been classified by its social workers as amenable to intensive casework treatment. Purpose of the study is to identify the families' problems to evaluate their potentialities for treatment, and to indicate possible goals and methods of treatment.

For Health

A 5-year research effort to find the causes of cerebral palsy, mental retardation, and other neurological defects is being carried on by the National Institute of Neurological Diseases and Blindness, Public Health Service, in collaboration with 16 hospitals and universities in 12 States.

On the basis of results of smaller studies suggesting that such defects may be caused by infections, injuries, or other unfavorable happenings that occur during the mother's pregnancy or during the birth process, the project will compare the history of such incidents with the child's later condition.

Beginning in early pregnancy and continuing into the child's early years, each incident known to the collaborating hospitals will be studied by obstetricians and pediatricians and by specialists in at least a dozen other medical and scientific disciplines, and will be recorded in detail. Later the records will be studied in connection with any neurological or sensory defects found in the child.

The study, which has been in preparation for 2½ years, will involve 40,000 women and will cost approximately $4 million annually.

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The Children's Bureau is recommending that every child under 1 year of age be given a four-way simultaneous vaccination against poliomyelitis, diphtheria, whooping cough, and tetanus as well as a separate vaccination against smallpox. The message was carried in the Bureau's exhibit at the 1959 meeting of the American Public Health Association at Atlantic City in mid-October, and is the subject of a recently issued leaflet "Protect Your Child," which can be obtained from the Bureau without charge on request.

The leaflet explains that through a series of injections of a new quadruple vaccine a child can be protected simultaneously from polio, diphtheria, whooping cough, and tetanus. It recommends that the child be given the first of these injections when he is 1 to 2 months old; a second, a month later; a third, after another month; a booster when he is 16 to 18 months old; and another booster against three of the diseases—whooping cough, tetanus, and diphtheria—when he is 3 or 4 years of age.

If the child has already been inoculated against whooping cough, tetanus, and diphtheria but has not been protected against polio, he should be given two injections of polio vaccine a month apart; after 7 months, a third injection; and a fourth, 1 year later, according to the leaflet. It recommends vaccinating children against smallpox at 5-year intervals beginning in their first year.

Spanish-language editions of three mental health leaflets issued by the National Association for Mental Health are now available in Spanish-speaking communities in the United States and South American countries. The leaflets are: "What Every Child Needs for Good Mental Health," "Some Things You Sould Know About Mental and Emotional Illness," and "Mental Health Is 1, 2, 3." Translated by the Bureau of Mental Hygiene of the Puerto Rican Department of Health, the leaflets are being distributed by the Association, 10 Columbus Circle, New York 19.

Juvenile Delinquency

At the request of the Appropriations Committees of both Houses of the 86th Congress, the Children's Bureau and the National Institute of Mental Health have been conducting a joint study as the basis for proposals to the Congress on what can and should be done in the field of juvenile delinquency. A joint report will be presented to the Congress early in the second session.

In carrying out its part of the study, with the help of funds allocated for the purpose by the National Institute of Mental Health, the Children's Bureau has been seeking information and advice through questionnaires and conferences from a variety of sources, including juvenile courts, police departments, voluntary social agencies, State departments of welfare, and university departments of sociology.

Among the topics on which the Bureau is securing information are: (1) the nature and size of the problem; (2) the quantity, quality, effectiveness, and cost of official control and treatment agencies; (3) the character, source of funds, and effectiveness of programs specifically aimed at reducing delinquency; (4) training resources and output; (5) sociological theory and its application to programs; and (6) present Federal and State contributions to the prevention, control, and treatment of delinquency.

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An experiment in treating juvenile delinquents without sending them away from home is being carried on in Provo, Utah, under the auspices of Brigham Young University. The treatment takes place in 2-hour rehabilitation sessions held 5 days a week outside school hours. The group rehabilitation process goes on for a few months, in contrast to the longer periods some delinquents spend in training schools. Besides group discussions, sessions are devoted to ath-

letics, handicrafts, vocational training, and, when indicated, remedial schoolwork. At the same time juvenile-court officers work with the boys' families and help find jobs for some of the boys.

The Ford Foundation recently granted funds to the university to continue the experiment for 6 years and to evaluate its effectiveness. A member of the sociology faculty will compare the conduct of boys who have participated in the experimental program with the conduct of those who have been treated with the probation or correction procedures usual in Utah.

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A 5-year demonstration project to guide schools of social work in preparing students for correctional social work has been begun by the Council on Social Work Education with a grant from the Ford Foundation. The plans provide for a full-time consultant, who may call upon a panel of experts in the field of corrections, and an advisory committee representing correctional institutions, probation- and parole-officer groups, and educational institutions. The council will also attempt to stimulate social work training of probation and parole personnel through exchange of information and through research.

Against Polio

One of the most important unresolved problems in relation to the use of live virus vaccine against poliomyelitis, according to a committee created by the Public Health Service to study such problems, is lack of proof that the community of nonvaccinated persons is free of danger from possible reversion of virulence in excreted virus.

The committee reported to the Surgeon General late in August on its review of the development and field use of three sets of live attenuated poliovirus strains that have been proposed for use as oral vaccines and on the technical problems involved in setting up specifications for the vaccines' production.

Other major problems still to be solved the committee identified as: the significance of increased neuro-virulence for monkeys of virus excreted by vaccinated monkeys, as reported by a number of workers; the demonstration of adequate measures of effectiveness of live poliovirus vaccines, controlled in field trials involving large population groups; the development of standards to determine the possible presence or absence of stray agents in the vaccine; the assurance of the vaccine's potency through the establishment of studies to demonstrate the production of specific antibodies in 90 percent or more of inoculated susceptibles.

The committee noted that no evidence has been reported to indicate that any of the vaccines harmed the individuals to whom they were administered, although the thoroughness with which the observations were made had varied in different studies, and that evidence indicates that under some circumstances the simultaneous administration of all three types of virus may be effective.

The Public Health Service is urging every person under 40 to protect himself with a complete series of the Salk (killed virus) vaccine until the technical problems of safety, effectiveness, and production of live virus vaccine have been worked out—a time estimated by the Surgeon General to be about 2 years.

Foster Care

Difficulties in finding good foster family homes for children were reported recently to the Virginia Department of Welfare and Institutions by a number of local welfare departments. Forty-four reports on the subject were received as supplements to a statistical study made by the State department of the physical and social characteristics of homes which had accepted or were ready to accept children from the 125 local welfare departments.

Among the characteristics of foster homes reported on in the statistical study were the following: home ownership; number of rooms; age, marital status, and employment of foster parents; own children of foster parents living in the home.

Most frequently cited as a difficulty in home finding was the recruitment of families to care for adolescents, especially boys. Few families wanted to take a child over 12, particularly one who has behavior problems, or is mentally retarded, or is a Negro. Some families, the departments reported, considered the board rate too low to permit them to maintain older children; some considered the rate too low even for taking younger children. Young children with special needs were also hard to place, in some departments' experience.

Among other obstacles mentioned were lack of staff time for recruiting and investigating homes and for supervising children in foster care and the distances of many of the homes from department offices, thereby requiring too much staff time to be used in traveling.

Two local departments recommended that a forestry camp or similar facility be provided for older boys who are not benefiting from schooling and who need counseling and guidance.

Mental Retardation

At the instigation of the division of maternal and child health of the Maine Department of Health and Welfare and the Pineland Hospital and Training Center, located at Pownal, Maine, the first International Medical Conference on Mental Retardation was held in Portland, Maine, for 5 days in late July. More than 600 professional persons from 33 countries and 40 States of the United States attended. The conference was financed with a combination of State and Federal funds and private foundation grants.

With the focus on new knowledge about the etiology of retardation, the conferees heard and discussed 35 scientific papers reporting on research into various pathological conditions associated with mental retardation. Included were reports on: recent findings of chromosomal abnormalities in mentally retarded persons; inborn metabolic errors arising from abnormalities in enzyme function; malformations produced in animals by abnormal feeding, poisons, or other methods of damage; relation of breathing in the newborn to the acid-base equilibrium and its importance for asphyxia; pathological findings in the brains of mentally retarded patients; and the effects of prenatal infections on mental and physical development. Proceedings, including all the conference papers and discussions, will be published soon.

Before adjourning the conferees set up a permanent committee to arrange for similar conferences in the future and decided to hold the next at Vienna, Austria, in 1961. The committee members come from Argentina, Austria, Denmark, France, Germany, Great Britain, Italy, Poland, Sweden, and the United States.

BOOK NOTES

THE ONSET OF STUTTERING; research findings and implications. Wendell Johnson and associates. University of Minnesota Press, Minneapolis. 1959. 243 pp. $5.

After more than 20 years of research on stuttering and nonstuttering children and their parents by the State University of Iowa's speech pathology center, the author of this book and his associates report their findings that children who are regarded as stutterers are essentially normal physically and emotionally and that their speech problems originate in the attitudes of their parents toward the child and toward the stuttering.

In the study, which involved 500 children—half of them stutterers and half nonstutterers—the investigators found that the parents of the stutterers were more demanding of fluency in the child's speech, that they were more dissatisfied with their children and with each other, that they had higher standards of child development, and that they seemed to think, feel, and behave in ways calculated to make for tension in the home. Characteristically the stutterer began his stuttering between the ages of 3 and 4.

FAMILY WORLDS; a psychosocial approach to family life. Robert D. Hess and Gerald Handel. University of Chicago Press, Chicago. 1959. 305 pp. $5.

The day by day emotional lives of five "ordinary" families are analyzed in this book by two sociologists, who selected them as representative of the families in a much larger study group. All, the authors note, were without excessive conflicts. The authors' purpose was "to explore the complexity of the family's emotional life and to introduce and apply concepts for the understanding and study of everyday, nonpathological American urban families."

Each family was studied by means of interviews and tests, and by essays written by their members. In separate interviews each father, mother, and child was encouraged to discuss such subjects as the individual's view of the family as a whole; what the family members do at home and elsewhere and how they feel about their activities; the course of the family's development; how the parents deal with the children; and how the family members feel about one another. Test procedures included (1) interpretation and discussion of specified pictures by the family as a group and (2) sentence completion by each individual. Each parent wrote an essay on "The kind of person I would like my child to be"; each child, on "The kind of person I would like to be like."

In a summarizing chapter the authors discuss the five families in relation to the nature of the family members' mutual regulation, "family themes" or central concerns, the family's degree of "connectedness," family boundaries or "life space," and continuity of tradition.

RUSSIA'S CHILDREN; a first report on child welfare in the Soviet Union. Herschel and Edith Alt. Bookman Associates, New York. 1959. 240 pp. $3.75.

In this book two social workers report on what they observed during a 21-day visit to the Soviet Union in 1956. They discuss the social philosophy of the country in relation to child rearing, noting that the key principles in family life and the patterns of child care and education derive from established national purpose. Differences in approach to provisions for children in the United States and the Soviet Union they ascribe to a sharp difference in principles regarding parents' rights: In the United States the parents' rights are paramount, the State stepping in only in instances of neglect or incapacity, while in the Soviet Union the parents' rights are delegated from the State, which regards itself as the primary parent.

The book tells about many forms of public child care, such as day nurseries, kindergartens, summer camps, rooms in the schools for afterschool and evening care; supervision of children of employed mothers by neighbors; residential nurseries for children from 2 months of age up; homes for full-time care; and a variety of foster home arrangements. The authors also give their impressions of the extensive Government health and medical care program, gained from interviews with officials and visits to a few facilities in large cities, and note that prenatal care and health supervision of young children appear to have been meticulously developed.

A chapter is devoted to methods of dealing with delinquents and another to the treatment of children who are mentally ill.

Mr. Alt is director of the Jewish Board of Guardians in New York City, and Mrs. Alt is with the Health Insurance Plan of Greater New York.

HOW CHILDREN LEARN TO SPEAK. M. M. Lewis. Basic Books, New York. 1959. 140 pp. $3.

The growth of a child's ability to use words from his first sounds of discomfort to a command of his mother tongue is described by a British educator who has conducted intensive studies in the psychology and sociology of language.

Acknowledging the existence of individual variations, the author presents a general pattern of speech development in which the successive sounds which follow the vowel-like discomfort sounds are: the similarly vowel-like gurgles of comfort; the babbling response to adults' words and actions; the use of sounds to manipulate adults; and, eventually, the beginnings of imitation.

Learning to imitate, the author says, is a slow and laborious process; it includes a rudimentary stage, which is likely to last until the fourth month of life; a 4- or 5-month latency stage; and a stage of growing accuracy, which rarely begins until the end of the ninth month. The author also discusses the development of the child's understanding of the meanings of words in their limits and extensions, until language becomes for him not only a means of communication with others but also his most powerful instrument of thinking or "communicating with himself." As the child learns to use human language, the author concludes, he is also "learning to be human."

READER'S EXCHANGE

WRIGHT: *Obstacles and success*

The Florida Children's Commission has been wrestling with the problems involved in youth participation for several years. The participation of youth in our activities seems to us, as it does to Mrs. Wright, to be an essential part of our operation, but there is one consideration we have found which her article does not emphasize. ("Youth Participation in Community Affairs, by Sara-Alyce P. Wright, CHILDREN, July–August, 1959.)

This is the need for persuading adults to accept the fact that today's young people are ready for responsibility and can work with adults in reaching common goals. Most people cannot see the value of youth participation in anything other than the traditional service projects.

We have had both discouraging and encouraging experiences.

The commission operates in localities through volunteer county children's committees, composed of persons within the community who are known to have interest and experience in children's affairs. Two of the county committees have taken on young people as members and expect them to accept full membership responsibility, including listening and discussing. Yet some of our other most enlightened members have shown little interest in having youth participate fully with them. They have expressed the fear that their committees might lose their opportunities for frank discussion on matters which seem to them to be strictly adult concerns. However, they do approve of meeting with young people about problems related to community behavior and tangible services which are wanted or are already available.

One of our large city recreation departments is using young people most effectively this year. The administrator decided that youth could develop good leadership traits by actually conducting programs if given an opportunity. During the month of May a leadership course in recreation for all high-school students who wished to participate was conducted. The students came each Saturday for 3½ hours and actually learned leadership methods and techniques for recreation programs. The participants are now serving as volunteers on the city playgrounds. Their punctuality, reliability, and conscientiousness have been most gratifying.

This is why we feel that success is a matter of education. Somehow, we must get across to the adults that many of today's youth are ready and eager to assume more responsibility than is usually given them.

Sylvia Carothers
Director, Florida Children's Commission, Tallahassee

RONEY AND WILTSE: *Too little and too late?*

In suggesting administrative policies that will more adequately meet family and community problems presented by today's ADC caseload. Mr. Roney questions the stopgap nature of assistance and service provided this group of fatherless families and suggests that through a program of general assistance families might be reached while the husband and father is still in the home. ["New Approaches to Aid to Dependent Children. I. Through Administrative Policies," by Jay L. Roney, CHILDREN, September-October 1959.] In New York State, where we are convinced of the importance of adequate general assistance we are emphasizing the provision of casework services to families receiving aid in a program of this type, hoping thereby to prevent physical and mental breakdown and forestall desertion.

Mr. Roney fails, however, to acknowledge the value of firm, consistent enforcement of support laws. Agencies that have conscientiously done this have located missing husbands and fathers, reunited many families, and secured regular, predictable support for wives and children, which has value far beyond the reduction in public expenditures. Mr. Roney also underestimates the need of some mothers without husbands to gain satisfaction and self-respect through employment. Even when such employment results in little saving to the public, it can bring important improvement in the mother's state of mind. Of course, with the mother's employment must go adequate plans for child care.

Mr. Wiltse, too, answers community critics of ADC. ["New Approaches to Aid to Dependent Children. II. Through Levels of Service," by Kermit T. Wiltse, CHILDREN, September-October 1958.] His proposals for getting appropriate services to the ADC recipients who need them are unorthodox and well worth trying. His suggestion of group meetings of ADC recipients runs counter to our concept of individualized treatment, confidentiality of relationship, and even the right to assistance. But it might work, at least for some families. Many families on ADC are isolated from the community because of long-term financial need, marital status, unsatisfactory living conditions, failure at school, at work, and at home. A group of mothers from an ADC caseload might easily become a grievance committee. Their limp acquiescence or passive resistance, called a "subclinical depression" by Mr. Wiltse, might change into an anxious aggression. But this could be a healthy step toward more independent living.

I doubt if ADC recipients are ready to serve on an advisory committee, for most of them are unable to communicate. But it might come later.

The prevalence of mental illness, or emotional disturbance, is startling in any ADC caseload. But these patients are "hard to reach." A psychiatric clinic within a public welfare department is well worth considering. The psychiatrist could diagnose and, where appropriate, treat recipients and also serve as consultant to staff in their ongoing relationship with these families.

Mr. Wiltse's proposal for classifying families by degree of need for services is a practicable approach to present-day staff and caseloads, but it involves a built-in danger—the expectation that families classified as needing only financial assistance will stay that way. A self-directing, apparently stable family may suddenly develop a problem needing skillful handling. Classifications would need periodic reconsideration and staff would need to be taught to

detect early signs of deterioration. However, we must surely utilize available professional skills economically, and this requires careful selection of cases needing intensive service.

Margaret Barnard
Director, Bureau of Public Assistance, New York State Department of Social Welfare

Aggressive Administrators

We are in total agreement with Mr. Roney's suggestion regarding the improvement of our present administrative processes, if the goals of services as a criteria in ADC are to be achieved. We also agree wholeheartedly with Mr. Wiltse's emphasis on the importance of public welfare administrators' providing a more imaginative leadership in creating public understanding of the program by adopting an aggressive role through newspapers, radio, and television in attempting to dispel erroneous conceptions.

We hope that Mr. Wiltse's article will also stimulate agencies to initiate experiments with new approaches, studies, and evaluations, so that the highest standards for services to the children in the ADC program may be achieved.

Mae Wethers
Supervisor, Southern District Office, Cook County Department of Welfare, Chicago, Ill.

Focus on Children

In their articles Mr. Roney and Mr. Wiltse have both referred to the widespread criticism which is being leveled at the ADC program and which is resulting in restrictive legislation and policy. Mr. Wiltse is eminently correct in calling such legislation "a symptom of dissatisfaction with the answers social workers have thus far been able to provide to the public's questions about the program."

The major question which we need to resolve is why are our answers unsatisfactory. The attacks on ADC are not new. In my State we have had restrictive legislation since 1952, but the public was expressing dissatisfaction with the program long before. As social workers, the answers we have given have been factual and logical. Our demonstration projects have validated our beliefs that ADC is an orderly and economical method of helping children in need. We have proved that ADC does not cause or encourage illegitimacy. We have found that restrictive legislation and policy increase administrative costs. We have demonstrated that families can be helped through assistance and service to become more adequate. All this we know and all this we say, but to little avail.

Another approach we have used in answer to the criticism is to acknowledge frankly that among families receiving ADC are found social and moral problems distasteful to the community. At the same time we point out that we are only doing the humane thing in providing minimum essentials of care for the child while trying to help the family correct the problem. We ask our critics to examine with us what we want for the children of our Nation. We ask how we can afford not to see that every child has a home, food, clothing, and the opportunity for emotional, intellectual, and spiritual growth.

I have wondered if one reason for the failure of our appeal for support of an ADC program based on the needs of the child is because the law itself does not focus primarily on the child. The Federal act limits eligibility to the child "who has been deprived of parental support or care by reason of the death, continued absence from home, or physical or mental incapacity of a parent." (Sec. 406, title IV, Social Security Act as amended.) With the condition of the parent being the determinant of whether a child receives assistance, we should not be surprised that the public, too, focuses on the parents.

If ADC were entirely a child-centered program, if it were expanded to include all children in need, regardless of family situation, I believe we would have greater public acceptance, for then the child and his needs could emerge from the welter of confusion surrounding the morals of the family. I believe that as a Nation we want our children to be given an opportunity for physical, mental, emotional, and spiritual growth.

Sara R. Caldwell
Chief of Social Administration, Mississippi State Department of Public Welfare

CRAIG: *Author's reply*

Amos Reed is so right in pointing out in his criticism of my article in the July–August 1959 issue of CHILDREN ["Reaching Delinquents Through Cottage Committees"] that committees can be no substitute for good staff. ["Readers' Exchange," CHILDREN, September–October 1959, p. 199.] At our school we believe it takes good staff to make effective cottage committees and conversely that the cottage committee system, as a dynamic method of working together, in turn makes better staff. We have learned that when weak, inexperienced, immature staff members can be accepted as team members rather than as "hired hands" by the mature, experienced, and professionally trained personnel, they are in a position to grow and learn and get added gratification from their efforts. Mistakes and weaknesses are not hidden but are in the open where they can be understood and worked with. We do not have a core of "experts," but rather a group of earnest people of varied disciplines who are teamed together, focusing their efforts on understanding and helping the children in their care and, at the same time, growing as team members and as persons.

Committees, like individuals, can be and are "conned" by the manipulators However, it is a harder job and the manipulator is often left "holding the bag."

I have presented the cottage committee system as one method of reaching delinquents, and not as "the answer." Its effectiveness depends upon the skills and maturity of the participants as well as their willingness and ability to work. learn, and grow.

Leita P. Craig
Clinical Psychologist, Boys Industrial School, Topeka, Kans.

YANKAUER: *Self-sufficiency a goal*

Alfred Yankauer ["Intercultural Communication in Technical Consultation," by Alfred Yankauer, CHILDREN, September-October 1959] has given a most perceptive discussion of some of the difficulties in providing technical assistance in another land as seen during his 2 years as WHO Visiting Professor of Child Health in Madras, India. My own experience would confirm most of Dr. Yankauer's views, but I must comment on the authoritarian type of teaching which he describes as typical. Such attitudes and practices are found in teachers and students in many countries in all parts of the world, but there is great individual variability.

The students of hygiene and public health from other countries whom we see at Johns Hopkins usually have or rapidly develop a mature, critical, and inquiring point of view, which augurs well for the sort of effort Dr. Yankauer describes. This has been especially characteristic of students from India.

The point that purely technical skills and information are best transmitted through teachers from a technologically underdeveloped country who have had a period of study and work experience in a technologically advanced society needs emphasis. The consultant can be an adviser and teacher of teachers, but the native-born is best qualified to impart the newer technics of knowledge to his own people. More than this, the so-called underdeveloped countries are rapidly reaching the point where they can do a better job of preparing many of their workers and technical people at home rather than abroad. One of our goals should be to help them to become increasingly self-sufficient in this respect.

Paul A. Harper, M.D.
Professor of Public Health Administration, Maternal and Child Health Division, Johns Hopkins University, Baltimore, Md.

MARTIN: ***Health-welfare cooperation***

In reading Dr. Geoffrey Martin's article, "A Public Health Agency's Role in Adoption" [CHILDREN, July–August 1959], one is immediately startled to find that in Kansas the health department has responsibility for the issuance of licenses for foster homes, institutions, and adoptive homes—a function thought to be traditionally the responsibility of a social agency or more specifically the welfare department. Nevertheless, one must respect the contribution the public health field can and does make in the field of child welfare.

Here, in Connecticut, the contribution of the Bureau of Maternal and Child Hygiene in the State department of health has been invaluable in the total field of child welfare, and recently and more specifically in the adoption field. Not only did the bureau take the initiative in 1948 in showing concern about the health needs of the unmarried mother, but the social planning for the mother and child as well. After a period of joint planning and study with agencies, hospitals, and doctors, it established a program of payment for medical care on a limited and experimental basis for unmarried mothers in three rural counties, to be provided concurrently with social service by a social agency. A great deal of interpretation was done with the doctors, hospitals, councils of social agencies, and others concerned to assure the success of this cooperative relationship.

As a result of this project, when a new adoption law became effective in Connecticut on July 1, 1958—requiring adoption placements, except where the adoptive parents are related to the child, to be made through social agencies—doctors, nurses, and hospitals in these areas had no great difficulty in making appropriate referrals. Professional staff of the bureau has continued to be a very active and vital force in our adoption program in their work with doctors, hospitals, nurses, and others not only in the initial stage of interpreting the new adoption law, but also in helping to implement it.

I recommend a rereading of the article on "Medical and Social Care for Unmarried Mothers," by Hester B. Curtis and Alberta deRongé, in the September–October 1957 issue of CHILDREN as a companion piece to Dr. Martin's article.

These two articles clearly point out the contributions that can be made by health departments which, while their focus may be different, are still concerned with the total person in matters of health, mental and emotional well-being, and the social setting.

Marjorie G. Siskey
Chief, Welfare Services (Child Welfare), Connecticut State Welfare Department, Hartford

McFARLAND AND REINHART: ***Unintentional effect***

I agree with John B. Reinhart and Margaret B. McFarland about the origin of motherly feelings, especially that the motherly capacities of a woman have their origin in her own childhood history. ["The Development of Motherliness," by Margaret B. McFarland and John B. Reinhart, CHILDREN, March–April 1959.] In my own hospital I have found out that 60 percent of the women bringing in children with psychogenic symptoms themselves came from an incomplete family. Studies of foster children and of children living in welfare homes showed me that even a higher percentage of mothers who had to leave their children to the care of strangers (not being able to care for them themselves) spent their own childhood in an incomplete family.

I want to emphasize how important the emotional stability and reliability of her husband is for a pregnant woman. About 60 percent of the fathers of babies born in my hospital also come from incomplete families. They are the ones who irritate their wives through emotional instability or by being against their pregnancy.

In spite of my being in almost complete agreement with the authors, I would like to raise the following question: Do they convey to the reader the concept that a mother who has difficulties raising her children has suffered privations without any fault of her own?

In my opinion, the idea is unintentionally conveyed—through the illustrative examples—that motherliness is a conscious accomplishment and that it is also a conscious accomplishment to become competent and mature. The article does not mention the unhappy, confused, overworked, or deserted mother, or, in contrast, the satisfied, happy, and healthy woman. It starts by saying that there are "good mothers." Further adjectives used are "mature" or "competent," and in contrast, "immature" and "frightened." Though the concept of "bad mother" is avoided, we must not overlook the fact that the reader will conceive this idea. The concept of "good mother" evokes the contrary even when we do not actually say it and when the word "good" is between quotes. Similarly, the example of the grandmother who did not properly care for her child shows a woman who is angry with her husband, but not the reasons she felt unhappy or deserted.

We should consider the fact that such articles are also read by mothers. If we want to avoid the danger that women ask more of themselves than they are able to accomplish, and in doing so arouse new fears and guilty feelings, then we should consider carefully what feelings this sort of description may arouse in women.

A. Dührssen, M.D.
Praxis der Kinderpsychologie und Kinderpsychiatrie, Berlin-Wilmersdorf, Germany.

U.S. GOVERNMENT PRINTING OFFICE: 1959

SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

Publications for which prices are quoted are for sale by the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

SELECTED FILMS ON CHILD LIFE. Compiled by Inez D. Lohr. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 376. 1959. 30 cents.

This list of more than 300 films which have been reviewed by the professional staff of the Children's Bureau is a complete revision of earlier Children's Bureau film lists. Redesigned for easier use it contains a subject index with 33 categories, an alphabetical list of films, and a directory of distributors. Each listing is accompanied by a suggestion regarding the type of audience for which it will be useful.

ACCIDENTS AND CHILDREN. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Folder No. 48. 1959. 19 pp. 15 cents.

Notes types of fatal and nonfatal accidents that happen to children in different age groups and points out what parents can do toward preventing accidents at home, in the yard, walking on the street, and riding in an automobile. Warns against overprotecting children and lists six "safety goals."

MID-AMERICAN CONFERENCE ON MIGRATORY LABOR. President's Committee on Migratory Labor. 1959. 49 pp. Single copies available free of charge from the Secretariat, President's Committee on Migratory Labor, U.S. Department of Labor, or the Council of State Governments, Washington, D.C.

Includes the recommendations of the Mid-American Conference on Migratory Labor, held April 7–9, 1959, at St. Louis, sponsored jointly by the President's Committee on Migratory Labor and the Council of State Governments. (See CHILDREN, July–August 1959, p. 157.)

SOME GUIDE LINES FOR EVALUATIVE RESEARCH: assessing psychosocial change in individuals. Elizabeth Herzog. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 375. 1959. 117 pp. 35 cents.

This publication attempts to clarify the problems involved in research for evaluating efforts to bring about social or emotional change in individuals and the considerations to be weighed in approaching it. It also discusses some methods that have been tried for reaching solutions of these problems.

CONCEPTS OF MENTAL HEALTH AND CONSULTATION: their application in public health social work. Gerald Caplan. Supplementary chapters by Virginia Insley. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 373. 1959. 269 pp. $1.

Papers by a psychiatrist and a medical social worker, brought together in this report, explain the principles and techniques through which a social work consultant in public health can help other professional workers to solve their clients' problems. Mental health aspects of the mother-child relationship are discussed in detail.

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